



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		10265.38
(b) Cash on Hand at Beginning of Reporting Period.....	10262.76	
(c) Total Receipts (from Line 19) .....	10147.76	42099.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20410.52	52365.14
7. Total Disbursements (from Line 31).....	6293.48	38248.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14117.04	14117.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10073.10	27832.30
(ii) Unitemized .....	72.00	14264.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10145.10	42097.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10145.10	42097.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.66	2.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10147.76	42099.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10147.76	42099.76

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	43.48	1548.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43.48	1548.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	6250.00	36700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6293.48	38248.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6293.48	38248.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10145.10	42097.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10145.10	42097.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	43.48	1548.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	43.48	1548.10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16237**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

Full Name (Last, First, Middle Initial)  
**B. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 740.00

Date of Receipt  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16238**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

Full Name (Last, First, Middle Initial)  
**C. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16363**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 820.00

Date of Receipt  
 11 / 23 / 2011  
**Transaction ID : SA11Al.16429**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

Full Name (Last, First, Middle Initial)  
**B. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 860.00

Date of Receipt  
 12 / 09 / 2011  
**Transaction ID : SA11Al.16430**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

Full Name (Last, First, Middle Initial)  
**C. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 12 / 22 / 2011  
**Transaction ID : SA11Al.16431**

Amount of Each Receipt this Period  
 40.00

Payroll deduction bi-weekly \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16239**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16240**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16364**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16432**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16433**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16434**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. John J. Bishop</b>		Date of Receipt
Mailing Address 1390 Picardae Court		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City Powell State OH Zip Code 43065		<b>Transaction ID : SA11AI.16241</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1680.00"/>	

Full Name (Last, First, Middle Initial) <b>B. John J. Bishop</b>		Date of Receipt
Mailing Address 1390 Picardae Court		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Powell State OH Zip Code 43065		<b>Transaction ID : SA11AI.16242</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1760.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John J. Bishop</b>		Date of Receipt
Mailing Address 1390 Picardae Court		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City Powell State OH Zip Code 43065		<b>Transaction ID : SA11AI.16365</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1840.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16435**

Amount of Each Receipt this Period  

80.00
-------

Payroll deduction bi-weekly \$80

**B. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16436**

Amount of Each Receipt this Period  

80.00
-------

Payroll deduction bi-weekly \$80

**C. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2080.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11Al.16437**

Amount of Each Receipt this Period  

80.00
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Payroll deduction bi-weekly \$80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Richard B. Bowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S86 W33540 Short Drive  
 City Mukwonago State WI Zip Code 53149-9306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16528**  
 Amount of Each Receipt this Period 125.00  
 quarterly contribution

**B. Mrs. Annette Braet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1831 265th Street  
 City Calamus State IA Zip Code 52729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16201**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**C. Mrs. Annette Braet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1831 265th Street  
 City Calamus State IA Zip Code 52729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16202**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 10 / 2011**

**Transaction ID : SA11AI.16346**

Amount of Each Receipt this Period  
**20.00**

Payroll deduction bi-weekly \$20

**B. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2011**

**Transaction ID : SA11AI.16438**

Amount of Each Receipt this Period  
**20.00**

Payroll deduction bi-weekly \$20

**C. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2011**

**Transaction ID : SA11AI.16439**

Amount of Each Receipt this Period  
**20.00**

Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 22 / 2011**

**Transaction ID : SA11AI.16440**

Amount of Each Receipt this Period **20.00**

Payroll deduction bi-weekly \$20

**B. William P. Brestle**  
Full Name (Last, First, Middle Initial)

Mailing Address 3979 Chancellor Drive

City Grove city State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**

**Transaction ID : SA11AI.16243**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. William P. Brestle**  
Full Name (Last, First, Middle Initial)

Mailing Address 3979 Chancellor Drive

City Grove city State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**

**Transaction ID : SA11AI.16244**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. William P. Brestle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3979 Chancellor Drive  
 City State Zip Code  
 Grove city OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16366**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. William P. Brestle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3979 Chancellor Drive  
 City State Zip Code  
 Grove city OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16441**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. William P. Brestle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3979 Chancellor Drive  
 City State Zip Code  
 Grove city OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16442**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. William P. Brestle**  
Full Name (Last, First, Middle Initial)

Mailing Address 3979 Chancellor Drive

City Grove city State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
Transaction ID : **SA11AI.16443**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**B. Mr. Jon A. Bright**  
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
Transaction ID : **SA11AI.16205**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. Mr. Jon A. Bright**  
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
Transaction ID : **SA11AI.16206**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16347**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16444**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16445**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Jon A. Bright**  
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
Transaction ID : **SA11AI.16446**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**B. Tom Brock**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
Transaction ID : **SA11AI.16245**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. Tom Brock**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
Transaction ID : **SA11AI.16246**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Tom Brock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 E. Spring St. #326  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16367**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Tom Brock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 E. Spring St. #326  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16447**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Tom Brock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 E. Spring St. #326  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16448**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Tom Brock**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16449**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Duane L. Cable**  
Full Name (Last, First, Middle Initial)

Mailing Address 6984 Linbrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16247**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**c. Duane L. Cable**  
Full Name (Last, First, Middle Initial)

Mailing Address 6984 Linbrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16248**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Duane L. Cable**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6984 Linbrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11Al.16368**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**B. Duane L. Cable**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6984 Linbrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11Al.16450**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**c. Duane L. Cable**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6984 Linbrook Blvd.  
City Columbus State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11Al.16451**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Duane L. Cable**

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 22 / 2011**  
**Transaction ID : SA11AI.16452**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Thomas D. Campana**

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
**10 / 14 / 2011**  
**Transaction ID : SA11AI.16249**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**c. Thomas D. Campana**

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
**10 / 28 / 2011**  
**Transaction ID : SA11AI.16250**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Thomas D. Campana</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.16369</b>
Mailing Address 6436 Meadow Glen N		Amount of Each Receipt this Period 15.00
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas D. Campana</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.16453</b>
Mailing Address 6436 Meadow Glen N		Amount of Each Receipt this Period 15.00
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>c. Thomas D. Campana</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : SA11AI.16454</b>
Mailing Address 6436 Meadow Glen N		Amount of Each Receipt this Period 15.00
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Thomas D. Campana**

Mailing Address 6436 Meadow Glen N

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16455**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Mr. Grady Campbell**

Mailing Address 5760 Whispering Trail

City State Zip Code  
 Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Sr. VP Marketing Services & PL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16251**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**C. Mr. Grady Campbell**

Mailing Address 5760 Whispering Trail

City State Zip Code  
 Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Sr. VP Marketing Services & PL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16252**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16370**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**B. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16456**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16458**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mr. Grady Campbell**

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16459**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**B. John D. Coffman**

Mailing Address 6697 Stone Cir Way

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16253**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**C. John D. Coffman**

Mailing Address 6697 Stone Cir Way

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16254**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. John D. Coffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6697 Stone Cir Way

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16371**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**B. John D. Coffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6697 Stone Cir Way

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16460**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**C. John D. Coffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6697 Stone Cir Way

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16461**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. John D. Coffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6697 Stone Cir Way

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 22 / 2011**

**Transaction ID : SA11AI.16462**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**B. Mr. Thomas R Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Insurance Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 14 / 2011**

**Transaction ID : SA11AI.16207**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**C. Mr. Thomas R Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Insurance Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2011**

**Transaction ID : SA11AI.16208**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Thomas R Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 South 9th Street Ct.  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16348**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. Mr. Thomas R Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 South 9th Street Ct.  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16463**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. Mr. Thomas R Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 South 9th Street Ct.  
 City Eldridge State IA Zip Code 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Insurance Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16464**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Thomas R Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 South 9th Street Ct.  
 City State Zip Code  
 Eldridge IA 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Mutual Insurance Company President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16465**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**B. Kathleen M. Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10544 Smoke Road, SW  
 City State Zip Code  
 Pataskala OH 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16255**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Kathleen M. Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10544 Smoke Road, SW  
 City State Zip Code  
 Pataskala OH 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16256**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Kathleen M. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 10544 Smoke Road, SW

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11Al.16372**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Kathleen M. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 10544 Smoke Road, SW

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16466**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Kathleen M. Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 10544 Smoke Road, SW

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16467**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Kathleen M. Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10544 Smoke Road, SW  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16468**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Mrs. Camille Craig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4282 Hunts Drive  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16257**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Mrs. Camille Craig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4282 Hunts Drive  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16258**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16373**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16469**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16470**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11Al.16471**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11Al.16259**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11Al.16260**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16374**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16472**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16473**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16474**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16261**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16262**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16375**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**B. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16475**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**C. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16476**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square Pl  
 City State Zip Code  
 Dublin OH 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16477**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**B. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City State Zip Code  
 Galion OH 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Mutual Insurance Asst. Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16263**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City State Zip Code  
 Galion OH 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Mutual Insurance Asst. Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16264**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Stephen T. Entenmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7271 Middletown Rd.  
City Galion State OH Zip Code 44833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16376**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**B. Stephen T. Entenmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7271 Middletown Rd.  
City Galion State OH Zip Code 44833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16478**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**C. Stephen T. Entenmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7271 Middletown Rd.  
City Galion State OH Zip Code 44833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16479**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16480**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1209.60**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16229**  
 Amount of Each Receipt this Period **57.60**  
 Payroll deduction bi-weekly \$57.60

**C. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1267.20**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16230**  
 Amount of Each Receipt this Period **57.60**  
 Payroll deduction bi-weekly \$57.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mr. Larry L. Forrester**

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1324.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 10 / 2011**

**Transaction ID : SA11AI.16359**

Amount of Each Receipt this Period  
**57.60**

Payroll deduction bi-weekly \$57.60

Full Name (Last, First, Middle Initial)  
**B. Mr. Larry L. Forrester**

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1382.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2011**

**Transaction ID : SA11AI.16481**

Amount of Each Receipt this Period  
**57.60**

Payroll deduction bi-weekly \$57.60

Full Name (Last, First, Middle Initial)  
**C. Mr. Larry L. Forrester**

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2011**

**Transaction ID : SA11AI.16482**

Amount of Each Receipt this Period  
**57.60**

Payroll deduction bi-weekly \$57.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **172.80**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Larry L. Forrester**  
Full Name (Last, First, Middle Initial)

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1497.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11Al.16483**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								57.60

Payroll deduction bi-weekly \$57.60

**B. Joseph P Fullenkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus	State OH	Zip Code 43202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11Al.16265**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								15.00

Payroll deduction bi-weekly \$15

**C. Joseph P Fullenkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus	State OH	Zip Code 43202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11Al.16266**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								15.00

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>87.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Joseph P Fullenkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
Transaction ID : **SA11AI.16377**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**B. Joseph P Fullenkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
Transaction ID : **SA11AI.16484**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. Joseph P Fullenkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
Transaction ID : **SA11AI.16485**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3123 Summit Street  
 City Columbus State OH Zip Code 43202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16486**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16267**  
 Amount of Each Receipt this Period **10.00**  
 Payroll deduction bi-weekly \$10

**C. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16268**  
 Amount of Each Receipt this Period **10.00**  
 Payroll deduction bi-weekly \$10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16378**  
 Amount of Each Receipt this Period 10.00  
 Payroll deduction bi-weekly \$10

**B. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16487**  
 Amount of Each Receipt this Period 10.00  
 Payroll deduction bi-weekly \$10

**C. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16488**  
 Amount of Each Receipt this Period 10.00  
 Payroll deduction bi-weekly \$10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Charles R. Gaskill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Briarmeadow Dr.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 22 / 2011**

**Transaction ID : SA11AI.16489**

Amount of Each Receipt this Period **10.00**

Payroll deduction bi-weekly \$10

**B. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook State NH Zip Code 03229

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **612.50**

Date of Receipt **10 / 14 / 2011**

**Transaction ID : SA11AI.16215**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**C. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook State NH Zip Code 03229

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **637.50**

Date of Receipt **10 / 28 / 2011**

**Transaction ID : SA11AI.16216**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Penacook Rd.  
City Contoocook State NH Zip Code 03229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Phenix Mutual Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **662.50**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16352**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction bi-weekly \$25

**B. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Penacook Rd.  
City Contoocook State NH Zip Code 03229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Phenix Mutual Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **687.50**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16490**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction bi-weekly \$25

**C. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Penacook Rd.  
City Contoocook State NH Zip Code 03229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Phenix Mutual Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **712.50**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16491**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Rolf H. Gesen</b>		Date of Receipt MM / DD / YYYY 12 / 22 / 2011 <b>Transaction ID : SA11AI.16492</b>
Mailing Address 63 Penacook Rd.		Amount of Each Receipt this Period 737.50
City Contoocook	State NH	Zip Code 03229
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25
Name of Employer Phenix Mutual	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 737.50	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Jeanne I. Gibbons</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 <b>Transaction ID : SA11AI.16269</b>
Mailing Address 14 Burreed Court		Amount of Each Receipt this Period 315.00
City Pataskala	State OH	Zip Code 43062
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Jeanne I. Gibbons</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2011 <b>Transaction ID : SA11AI.16270</b>
Mailing Address 14 Burreed Court		Amount of Each Receipt this Period 330.00
City Pataskala	State OH	Zip Code 43062
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Burreed Court  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16379**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Burreed Court  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16493**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Burreed Court  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16494**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Jeanne I. Gibbons**

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2011**

**Transaction ID : SA11AI.16495**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : SA11AI.16271**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 28 / 2011**

**Transaction ID : SA11AI.16272**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16380**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16496**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16497**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Shaun D. Gregoire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 396 Shelby Avenue, East  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16498**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16273**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16274**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16381**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16499**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16500**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Dino Guanciale**

Mailing Address 4819 St. Andrews Circle

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins Co. Asst. VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011

**Transaction ID : SA11AI.16501**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Mrs. Susan E. Haack**

Mailing Address 7494 Heffley Court

City State Zip Code  
 Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 The Motorists Insurance Group Sr. VP, Secretary & CRO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : SA11AI.16276**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**C. Mrs. Susan E. Haack**

Mailing Address 7494 Heffley Court

City State Zip Code  
 Canal Winchester OH 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 The Motorists Insurance Group Sr. VP, Secretary & CRO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011

**Transaction ID : SA11AI.16277**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City Canal Winchester State OH Zip Code 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16382**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**B. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City Canal Winchester State OH Zip Code 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16502**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City Canal Winchester State OH Zip Code 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16503**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Marc S. Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.16383</b>
Mailing Address 5999 Lane Road		Amount of Each Receipt this Period 15.00
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>B. Marc S. Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.16505</b>
Mailing Address 5999 Lane Road		Amount of Each Receipt this Period 15.00
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Marc S. Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : SA11AI.16506</b>
Mailing Address 5999 Lane Road		Amount of Each Receipt this Period 15.00
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Marc S. Hall**

Mailing Address 5999 Lane Road

City State Zip Code  
Centerburg OH 43011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16507**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Paul T. Hammer**

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16280**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Paul T. Hammer**

Mailing Address 813 East College Avenue

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16281**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16384**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16508**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16509**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Paul T. Hammer**  
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**

**Transaction ID : SA11AI.16510**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**B. Mr. James F Hayon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City Howards Grove State WI Zip Code 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**

**Transaction ID : SA11AI.16217**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. Mr. James F Hayon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City Howards Grove State WI Zip Code 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**

**Transaction ID : SA11AI.16218**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. James F Hayon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 South Washington Drive  
 City State Zip Code  
 Howards Grove WI 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16353**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Mr. James F Hayon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 South Washington Drive  
 City State Zip Code  
 Howards Grove WI 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16511**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Mr. James F Hayon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 South Washington Drive  
 City State Zip Code  
 Howards Grove WI 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16512**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. James F Hayon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 South Washington Drive  
 City State Zip Code  
 Howards Grove WI 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16513**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City State Zip Code  
 Pickerington OH 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assist. V. P., Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16282**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City State Zip Code  
 Pickerington OH 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assist. V. P., Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16283**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16385**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16514**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16515**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16516**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16284**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16285**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **65.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16386**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**B. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16517**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16518**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16520**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16286**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16287**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 149  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16387**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16521**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16522**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16523**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Henry L Huntington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7290 Pleasant Street  
 City Loudon State NH Zip Code 03307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16527**  
 Amount of Each Receipt this Period **62.50**  
 Quarterly contribution

**C. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City Canal Winchester State OH Zip Code 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16288**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **92.50**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16289**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16388**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16524**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16525**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16526**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City State Zip Code  
 Sheboygan WI 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. Sr. V.P. Administration  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16219**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekley \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16220**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16354**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16529**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue

City Sheboygan	State WI	Zip Code 53083
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16530**

Amount of Each Receipt this Period  

800.00
--------

**25.00**

Payroll deduction bi-weekly \$25

**B. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue

City Sheboygan	State WI	Zip Code 53083
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16531**

Amount of Each Receipt this Period  

800.00
--------

**25.00**

Payroll deduction bi-weekly \$25

**C. David L. Kaufman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7925 Greendale Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16290**

Amount of Each Receipt this Period  

800.00
--------

**30.00**

Payroll deduction bi-weekly \$30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. David L. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16291**

Amount of Each Receipt this Period  

30.00
-------

Payroll deduction bi-weekly \$30

**B. David L. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16389**

Amount of Each Receipt this Period  

30.00
-------

Payroll deduction bi-weekly \$30

**C. David L. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16532**

Amount of Each Receipt this Period  

30.00
-------

Payroll deduction bi-weekly \$30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16533**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll deduction bi-weekly \$30

**B. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16534**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll deduction bi-weekly \$30

**c. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City State Zip Code  
 Johnstown OH 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP and CIO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16292**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 75 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16293**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**B. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16390**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**c. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16535**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16536**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll deduction bi-weekly \$20

**B. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16537**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll deduction bi-weekly \$20

**C. Anne B. King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6934 Roundwood Ct.  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16294**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **65.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Anne B. King**

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16295**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**B. Anne B. King**

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16391**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

Full Name (Last, First, Middle Initial)  
**C. Anne B. King**

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
 Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16538**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Anne B. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16539**

Amount of Each Receipt this Period  

625.00
--------

Payroll deduction bi-weekly \$25

**B. Anne B. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16540**

Amount of Each Receipt this Period  

650.00
--------

Payroll deduction bi-weekly \$25

**C. Teresa M. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16296**

Amount of Each Receipt this Period  

315.00
--------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16297**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16392**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16541**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Teresa M. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16542**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Teresa M. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11Al.16543**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Jeff Kirkey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11Al.16298**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15d

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16299**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15d

**B. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16393**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15d

**C. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16544**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15d

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Jeff Kirkey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16545**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>15.00</b>				

Payroll deduction bi-weekly \$15d

**B. Jeff Kirkey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16546**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>15.00</b>				

Payroll deduction bi-weekly \$15d

**C. Mr. Michael S Lappin**  
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16221**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
<b>20.00</b>				

Payroll deduction bi-weekly \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16222**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**B. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16355**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**C. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16550**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael S Lappin**

Mailing Address 728 South 29th Street

City State Zip Code  
 Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16551**

Amount of Each Receipt this Period  
 200.00

Payroll deduction bi-weekly \$20

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael S Lappin**

Mailing Address 728 South 29th Street

City State Zip Code  
 Manitowoc WI 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16552**

Amount of Each Receipt this Period  
 200.00

Payroll deduction bi-weekly \$20

Full Name (Last, First, Middle Initial)  
**C. Mr. Todd Lawrence**

Mailing Address 116 Clarke Lane

City State Zip Code  
 Hopkinton NH 03229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Phenix Mutual Fire Ins. Co. Sr. V.P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16213**

Amount of Each Receipt this Period  
 25.00

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16214**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**B. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16351**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16553**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Todd Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16554**

Amount of Each Receipt this Period  

125.00
--------

Payroll deduction bi-weekly \$25

**B. Mr. Todd Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16555**

Amount of Each Receipt this Period  

125.00
--------

Payroll deduction bi-weekly \$25

**C. Mr. David W. Lemon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 345 Southshore Drive

City Greenback	State TN	Zip Code 37742
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16556**

Amount of Each Receipt this Period  

125.00
--------

quarterly contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16302**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16303**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16395**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16557**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16558**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16559**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Todd A. Long**

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
 Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16304**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Todd A. Long**

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
 Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16305**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Todd A. Long**

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
 Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16396**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Todd A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**11 / 23 / 2011**

**Transaction ID : SA11AI.16560**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

**B. Todd A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**12 / 09 / 2011**

**Transaction ID : SA11AI.16561**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

**C. Todd A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code  
Worthington OH 43285

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 22 / 2011**

**Transaction ID : SA11AI.16562**

Amount of Each Receipt this Period  
**15.00**

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16223**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16224**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16356**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Steven E. Manteufel**  
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16563**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Mr. Steven E. Manteufel**  
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16564**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Mr. Steven E. Manteufel**  
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16565**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **945.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16231**

Amount of Each Receipt this Period  

45.00
-------

Payroll deduction bi-weekly \$45

**B. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16232**

Amount of Each Receipt this Period  

45.00
-------

Payroll deduction bi-weekly \$45

**C. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1035.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16360**

Amount of Each Receipt this Period  

45.00
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Payroll deduction bi-weekly \$45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16566**

Amount of Each Receipt this Period  
45.00

Payroll deduction bi-weekly \$45

**B. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16567**

Amount of Each Receipt this Period  
45.00

Payroll deduction bi-weekly \$45

**C. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16568**

Amount of Each Receipt this Period  
45.00

Payroll deduction bi-weekly \$45

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mark J. Nixon**

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16306**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Mark J. Nixon**

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16307**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Mark J. Nixon**

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16397**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mark J. Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16569**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Mark J. Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16570**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**C. Mark J. Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16571**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16233**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

**B. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16234**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

**c. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16361**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16572**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

**B. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16573**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

**c. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11Al.16574**

Amount of Each Receipt this Period  
50.00

Payroll deduction bi-weekly \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 149  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16308**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16309**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16398**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16575**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16576**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16577**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16344**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deductions bi-weekly \$15

**B. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16345**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deductions bi-weekly \$15

**C. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16400**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deductions bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16581**  
 Amount of Each Receipt this Period 15.00  
 Payroll deductions bi-weekly \$15

**B. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16582**  
 Amount of Each Receipt this Period 15.00  
 Payroll deductions bi-weekly \$15

**C. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16583**  
 Amount of Each Receipt this Period 15.00  
 Payroll deductions bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Linda Proulx</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 <b>Transaction ID : SA11AI.16428</b>
Mailing Address 145 Terrace Road		Amount of Each Receipt this Period 500.00
City Franklin	State NH	Zip Code 03235
FEC ID number of contributing federal political committee. C	Annual deduction 500.00	
Name of Employer Phenix Mutual	Occupation Sr. Vice President Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Damian Puchala</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : SA11AI.16312</b>
Mailing Address 325 Olenview Circle		Amount of Each Receipt this Period 15.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Damian Puchala</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : SA11AI.16313</b>
Mailing Address 325 Olenview Circle		Amount of Each Receipt this Period 15.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Damian Puchala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16401**

Amount of Each Receipt this Period  

15.00
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Payroll deduction bi-weekly \$15

**B. Damian Puchala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16584**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Damian Puchala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16585**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Damian Puchala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Olenview Circle  
City Powell State OH Zip Code 43065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16586**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**B. Georgia Puls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 825 West Price Street  
City Eldridge State IA Zip Code 52748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16209**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**C. Georgia Puls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 825 West Price Street  
City Eldridge State IA Zip Code 52748  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16210**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16349**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16587**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16588**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Georgia Puls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16589**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Kelly Reisling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3178 Ranke Court

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16314**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Kelly Reisling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3178 Ranke Court

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16315**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Kelly Reisling</b>		Date of Receipt
Mailing Address 3178 Ranke Court		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Grove City	OH	43123
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.16402</b>
Motorists Mutual Ins Co.	Asst. VP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="345.00"/>	<input type="text" value="15.00"/>
		Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial) <b>B. Kelly Reisling</b>		Date of Receipt
Mailing Address 3178 Ranke Court		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Grove City	OH	43123
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.16590</b>
Motorists Mutual Ins Co.	Asst. VP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="15.00"/>
		Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial) <b>C. Kelly Reisling</b>		Date of Receipt
Mailing Address 3178 Ranke Court		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Grove City	OH	43123
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.16591</b>
Motorists Mutual Ins Co.	Asst. VP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
		Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Kelly Reisling**  
Full Name (Last, First, Middle Initial)

Mailing Address 3178 Ranke Court

City	State	Zip Code
Grove City	OH	43123

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Motorists Mutual Ins Co.	Asst. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16592**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Paul J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 Dolman Dr

City	State	Zip Code
Powell	OH	43065

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Motorists Mutual Ins. Company	Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16316**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Paul J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 Dolman Dr

City	State	Zip Code
Powell	OH	43065

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Motorists Mutual Ins. Company	Assist. V. P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16317**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Paul J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 Dolman Dr

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11Al.16403**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Paul J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 Dolman Dr

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16593**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Paul J. Richards**  
Full Name (Last, First, Middle Initial)

Mailing Address 8243 Dolman Dr

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16594**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Paul J. Richards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8243 Dolman Dr  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16595**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16318**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16319**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16404**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**B. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16596**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**C. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16597**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16598**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction bi-weekly \$25

**B. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City State Zip Code  
 Sheboygan WI 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Underwriting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16225**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City State Zip Code  
 Sheboygan WI 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wilson Mutual Ins. Co. V. P. Underwriting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16226**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16357**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16599**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16600**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16601**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Karen L. Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1252 Pond Hollow Lane  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16320**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**C. Karen L. Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1252 Pond Hollow Lane  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16321**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **65.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11Al.16405**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**B. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16602**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**C. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16603**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Austin Slattery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Prairie Run Dr.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16406**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**B. Austin Slattery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Prairie Run Dr.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16605**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**C. Austin Slattery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Prairie Run Dr.  
City Sunbury State OH Zip Code 43074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16606**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Austin Slattery**

Mailing Address 734 Prairie Run Dr.

City State Zip Code  
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins Co. Assistant VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 /  /   
 12 / 22 / 2011  
**Transaction ID : SA11AI.16607**

Amount of Each Receipt this Period  
15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert C. Smith**

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1155.00

Date of Receipt  
 /  /   
 10 / 14 / 2011  
**Transaction ID : SA11AI.16235**

Amount of Each Receipt this Period  
55.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert C. Smith**

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1210.00

Date of Receipt  
 /  /   
 10 / 28 / 2011  
**Transaction ID : SA11AI.16236**

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert C. Smith</b>		Date of Receipt
Mailing Address 29270 Hampshire Place		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Westlake	OH	44145
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16362</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Director	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1265.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert C. Smith</b>		Date of Receipt
Mailing Address 29270 Hampshire Place		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Westlake	OH	44145
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16608</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Director	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1320.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert C. Smith</b>		Date of Receipt
Mailing Address 29270 Hampshire Place		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Westlake	OH	44145
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16609</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Director	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1375.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Mr. Robert C. Smith**

Mailing Address 29270 Hampshire Place

City State Zip Code  
 Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16610**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Ralph W. Smithers Jr.**

Mailing Address 6418 Summers Nook Drive

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company VP MAX Service

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16324**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Ralph W. Smithers Jr.**

Mailing Address 6418 Summers Nook Drive

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company VP MAX Service

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.16325**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6418 Summers Nook Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16407**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6418 Summers Nook Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16611**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6418 Summers Nook Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16612**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Ralph W. Smithers Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

**Transaction ID : SA11AI.16613**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.16326**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**c. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16327**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 10 / 2011**

**Transaction ID : SA11Al.16408**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction bi-weekly \$25

**B. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2011**

**Transaction ID : SA11Al.16614**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction bi-weekly \$25

**c. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2011**

**Transaction ID : SA11Al.16615**

Amount of Each Receipt this Period  
**25.00**

Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Charles D. Stapleton</b>		Date of Receipt
Mailing Address 6900 Kindler Drive		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City State Zip Code New Albany OH 43054		<b>Transaction ID : SA11Al.16616</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	Payroll deduction bi-weekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tamera A. Stephens</b>		Date of Receipt
Mailing Address 8816 Cooks Hill Road		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City State Zip Code Glenford OH 43739		<b>Transaction ID : SA11Al.16328</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction bi-weekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tamera A. Stephens</b>		Date of Receipt
Mailing Address 8816 Cooks Hill Road		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City State Zip Code Glenford OH 43739		<b>Transaction ID : SA11Al.16329</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction bi-weekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Tamera A. Stephens</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11Al.16409</b>
Mailing Address 8816 Cooks Hill Road		Amount of Each Receipt this Period 25.00
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Tamera A. Stephens</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11Al.16617</b>
Mailing Address 8816 Cooks Hill Road		Amount of Each Receipt this Period 25.00
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Tamera A. Stephens</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : SA11Al.16618</b>
Mailing Address 8816 Cooks Hill Road		Amount of Each Receipt this Period 25.00
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Tamera A. Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City Glenford State OH Zip Code 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 22 / 2011**  
Transaction ID : **SA11AI.16619**

Amount of Each Receipt this Period **25.00**

Payroll deduction bi-weekly \$25

**B. Mr. Van Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa Occupation Assist. V. P., Life Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 14 / 2011**  
Transaction ID : **SA11AI.16330**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**C. Mr. Van Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Timber Ridge Drive

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa Occupation Assist. V. P., Life Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2011**  
Transaction ID : **SA11AI.16331**

Amount of Each Receipt this Period **15.00**

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Van Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Timber Ridge Drive

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16410**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Mr. Van Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Timber Ridge Drive

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16620**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Mr. Van Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Timber Ridge Drive

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.16621**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Van Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 Timber Ridge Drive  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Life Insurance Compa Occupation Assist. V. P., Life Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16622**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**B. Mr. Craig Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16332**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**C. Mr. Craig Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16333**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction bi-weekly \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11Al.16411**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**B. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16623**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

**C. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11Al.16624**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction bi-weekly \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue  
City Lewis Center State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **650.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16625**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction bi-weekly \$25

**B. Mrs. Sharon B Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5444 Spring Hill Road  
City Grove City State OH Zip Code 43123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16334**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**C. Mrs. Sharon B Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5444 Spring Hill Road  
City Grove City State OH Zip Code 43123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16335**  
Amount of Each Receipt this Period **15.00**  
Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.16412**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**B. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.16626**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**C. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16627**  
 Amount of Each Receipt this Period  
 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16628**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Alan R. Tubbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Scenic Hill Ln.  
 City DeWitt State IA Zip Code 52742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16629**  
 Amount of Each Receipt this Period **125.00**  
 quarterly contribution

**C. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16336**  
 Amount of Each Receipt this Period **20.00**  
 Payroll deduction bi-weekly \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : SA11AI.16337**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**B. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.16413**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**C. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.16630**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16631**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**B. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16632**  
 Amount of Each Receipt this Period 20.00  
 Payroll deduction bi-weekly \$20

**C. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16227**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction bi-weekly \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : SA11AI.16228**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction bi-weekly \$40

**B. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **11 / 10 / 2011**  
**Transaction ID : SA11AI.16358**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction bi-weekly \$40

**C. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.16633**  
 Amount of Each Receipt this Period **40.00**  
 Payroll deduction bi-weekly \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2011  
**Transaction ID : SA11AI.16634**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction bi-weekly \$40

**B. Mr. Robert L. Western**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5203 South 8th Street  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 22 / 2011  
**Transaction ID : SA11AI.16635**  
 Amount of Each Receipt this Period 40.00  
 Payroll deduction bi-weekly \$40

**C. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2011  
**Transaction ID : SA11AI.16211**  
 Amount of Each Receipt this Period 15.00  
 Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Edward Wetzel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City	State	Zip Code
Bettendorf	IA	52722

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Iowa Mutual Ins. Co.	V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11AI.16212**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Mr. Edward Wetzel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City	State	Zip Code
Bettendorf	IA	52722

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Iowa Mutual Ins. Co.	V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.16350**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Mr. Edward Wetzel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City	State	Zip Code
Bettendorf	IA	52722

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Iowa Mutual Ins. Co.	V. P. Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11AI.16636**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 09 / 2011**  
**Transaction ID : SA11AI.16637**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**B. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 22 / 2011**  
**Transaction ID : SA11AI.16638**  
 Amount of Each Receipt this Period **15.00**  
 Payroll deduction bi-weekly \$15

**C. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.16338**  
 Amount of Each Receipt this Period **30.00**  
 Payroll deduction bi-weekly \$30

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Charles A. Wickert</b>		Date of Receipt
Mailing Address 5519 Medallion Drive W.		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City State Zip Code Westerville OH 43082		<b>Transaction ID : SA11AI.16339</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs	Payroll deduction bi-weekly \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="660.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Charles A. Wickert</b>		Date of Receipt
Mailing Address 5519 Medallion Drive W.		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City State Zip Code Westerville OH 43082		<b>Transaction ID : SA11AI.16414</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs	Payroll deduction bi-weekly \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="690.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Charles A. Wickert</b>		Date of Receipt
Mailing Address 5519 Medallion Drive W.		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City State Zip Code Westerville OH 43082		<b>Transaction ID : SA11AI.16639</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs	Payroll deduction bi-weekly \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="720.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Charles A. Wickert**

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Sr. VP Life Ops & Corp. Svs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16640**

Amount of Each Receipt this Period  
 30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)  
**B. Charles A. Wickert**

Mailing Address 5519 Medallion Drive W.

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Sr. VP Life Ops & Corp. Svs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16641**

Amount of Each Receipt this Period  
 30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)  
**C. Charles A. Williams**

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
 Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16340**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Charles A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : SA11Al.16341**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**B. Charles A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11Al.16415**

Amount of Each Receipt this Period  

15.00
-------

Payroll deduction bi-weekly \$15

**C. Charles A. Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

**Transaction ID : SA11Al.16642**

Amount of Each Receipt this Period  

15.00
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Payroll deduction bi-weekly \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Charles A. Williams**

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
 Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.16643**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**B. Charles A. Williams**

Mailing Address 14924 S. R. 35, E.

City State Zip Code  
 Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.16644**

Amount of Each Receipt this Period  
 15.00

Payroll deduction bi-weekly \$15

Full Name (Last, First, Middle Initial)  
**C. Michael L. Wiseman**

Mailing Address 90 Timberknoll Loop

City State Zip Code  
 Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Motorists Mutual Ins Company Sr VP,Treas.,CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 735.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.16342**

Amount of Each Receipt this Period  
 35.00

Payroll deduction bi-weekly \$35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 149
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt **10 / 28 / 2011**

**Transaction ID : SA11AI.16343**

Amount of Each Receipt this Period **35.00**

Payroll deduction bi-weekly \$35

**B. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **11 / 10 / 2011**

**Transaction ID : SA11AI.16416**

Amount of Each Receipt this Period **35.00**

Payroll deduction bi-weekly \$35

**C. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **11 / 23 / 2011**

**Transaction ID : SA11AI.16645**

Amount of Each Receipt this Period **35.00**

Payroll deduction bi-weekly \$35

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 149  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)  
**A. Michael L. Wiseman**

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2011**

**Transaction ID : SA11AI.16646**

Amount of Each Receipt this Period  
**35.00**

Payroll deduction bi-weekly \$35

Full Name (Last, First, Middle Initial)  
**B. Michael L. Wiseman**

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2011**

**Transaction ID : SA11AI.16647**

Amount of Each Receipt this Period  
**35.00**

Payroll deduction bi-weekly \$35

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>10073.10</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)

**A. Motorists Mutual Insurance Company**

Mailing Address 471 East Broad Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Postage fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2011

**Transaction ID : SB21B.16654**

Amount of Each Disbursement this Period

9.80

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9.80

9.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)

**A. Citizens for Josh Mandel**

Mailing Address 4261 Fulton Road

City Cleveland State OH Zip Code 44144

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.16203**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citizens for Kevin Bacon**

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.16649**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.16648**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

11 / 16 / 2011

**Transaction ID : SB29.16426**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Husted for Ohio**

Mailing Address 148 Sherbrooke Drive

City Kettering State OH Zip Code 45429

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: OH District: 37

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

10 / 04 / 2011

**Transaction ID : SB29.16204**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jordan for Congress**

Mailing Address 2160 Kettering Tower

City Dayton State OH Zip Code 45423

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: OH District: 01

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

12 / 13 / 2011

**Transaction ID : SB29.16650**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Full Name (Last, First, Middle Initial)

**A. Sprague for State Representative**

Mailing Address 220 West Sandusky Street

City Findlay State OH Zip Code 45840

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2011

**Transaction ID : SB29.16653**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

250.00

6250.00