FEC FORM 3X	AN	PORT C ID DISB Other Than J	URSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING L		ample:If typing er the lines	, type			
ADDRESS (number and	street)	71 E BROAD ST						
Check if differ than previous reported. (AC	УС	OLUMBUS					43215 	
2. FEC IDENTIFICAT	ION NUMBER	▼ _	CITY 🛋		5	STATE	ZIPCODE	
C00336834	• • • •		3. IS THIS REPOR		NEW N) <b>OR</b>	AM (A)	IENDED	
July 15QuarterlyOctoberQuarterlyJanuaryQuarterlyJuly 31 MReport(NYear Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	<ul> <li>(c) 12-Day</li> <li>(c) 12-Day</li> <li>PRE-Ele</li> <li>Report for</li> <li>(d) 30-Day</li> <li>Post -Ele</li> <li>Report for</li> </ul>	Election on	3)	, 12C)	Sep 2	20 (M9)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5. Covering Period	07		007	through	12	31	2007	
I certify that I have exan Type or Print Name of T		t and to the best Michael L. Wisen		e and belief it is	true, correct a	and complete.		
Signature of Treasurer	Electronically	Filed by Mich	ael L. Wiseman		D;	ate 0 1	14 2	008
NOTE : Submission of	alse, erroneous	, or incomplete in	formation may s	ubject the pers	on signing this	Report to the	penalties of 2 U.S.	C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

### Write or Type Committee Name

	MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
F	Report Covering the Period: From:	M         M         D         D         Y	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž00Ž <sup>Y Y</sup>	]	7124.40
	(b) Cash on Hand at Begining of Reporting Period	10718.84	
	(c) Total Receipts (from Line 19)	18215.30	40521.56
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28934.14	47645.96
7.	Total Disbursements (from Line 31)	21627.00	40338.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7307.14	7307.14
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

FE6AN026

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 0<sup>D</sup>1 3<sup>D</sup>1 <sup>м</sup> М 07 D <sup>M</sup> <sup>M</sup> <sup>M</sup> D 2007 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 27748.00 16767.00 (i) Itemized (use Schedule A) ..... 1431.00 12743.00 (ii) Unitemized ..... (iii) TOTAL (add 18198.00 40491.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 18198.00 40491.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 17.30 30.56 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 18215.30 40521.56 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 18215.30 40521.56 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal Activity (from Schedule H4)</li> </ul> </li> </ol>	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	27.00	36.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	27.00	36.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
<ol> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ol>	2000.00	2000.00
<ol> <li>Independent Expenditure (use Schedule E)</li> </ol>	0.00	34.82
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:	0.00	0.00
(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
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	• 0.00	0.00
9. Other Disbursements	19600.00	38268.00
<ul> <li>Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> <li>(from Schedule H6)</li> </ul>		
(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
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</li> </ol>	21627.00	40338.82
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	01007.00	40000.00
from Line 31)	21627.00	40338.82

# DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	1	Page 8
	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)	18198.00	40491.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18198.00	40491.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27.00	36.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	27.00	36.00

FE6AN026

	SCHEDULE A (FEC Form 3X)	Use separate schedul	
	ITEMIZED RECEIPTS	for each category of th	
		Detailed Summary Pa	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by a name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		07 / D D / Y Y Y Y 0 7 13 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7441
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	Payroll deduction of \$30
	Motorists Mutuál Ins. Co.	Assist V. P.	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	345	00
_	Other (specify)		
_	Full Name (Last, First, Middle Initial)		
В.	Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		07 / 27 / Y Y Y Y 007 / 27
	City	State Zip Code	Transaction ID: SA11AI.7508
	<u>Dublin</u>	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Payroll deduction of \$30 per pay
		Assist V. P.	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	375	.00
-	Full Name (Last, First, Middle Initial)		Data of Descript
C.	Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt
	Maining / Mailoos 5050 Tyrrecastie 200p		08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7579
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	405	.00
Γ			
ŀ	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	nly)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE of	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7647
	Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Assist V. P. Aggregate Year-to-Date ▼ 435.00	
- B.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		09 07 Y Y Y Y 09 07
	City	State Zip Code OH 43016	Transaction ID: SA11AI.7712
	Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	<ul> <li>Payroll deduction of \$30 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	
- C.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7781
	Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	90.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 8 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loo	2	Date of Receipt
			10 05 2007
	City	State Zip Code OH 43016	Transaction ID: SA11AI.7868
	Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assist V. P. Aggregate Year-to-Date	Payroll deduction of \$30 per pay
	Primary General Other (specify) ▼	525.00	
	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loo	α	Date of Receipt
			10 19 2007
	City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.7938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	
-	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loo		M M / D D / Y Y Y Y 1 1 / 02 / 2007
	City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.8023 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 585.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 111 17 2007
	City	State Zip Code	Transaction ID: SA11AI.8100
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	<ul> <li>Payroll deduction of \$30</li> <li>per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	615.00	
в.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8171
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	645.00	
С.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8249
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	]
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number	only)	

al purposes, other than using to OMMITTEE (In Full)	State     Zip Code       OH     43016       C       Occupation       Assist V. P.       Aggregate Year-to-Date       705.00	Date of Receipt         12       22         Transaction ID: SA11AI.8317         Amount of Each Receipt this Period         30.00         Payroll deduction of \$30         Date of Receipt         07       13         Y       Y
TS MUTUAL INSURANCE ast, First, Middle Initial) an ess 5658 Tynecastle Loc ber of contributing al committee. bloyer tual Ins. Co. y General specify) ▼ ast, First, Middle Initial)	State Zip Code   OH 43016     C     Occupation   Assist V. P.   Aggregate Year-to-Date   705.00	M M / D D / Y Y Y Y         12       22         22       2007         Transaction ID: SA11AI.8317         Amount of Each Receipt this Period         30.00         Payroll deduction of \$30         per pay         Date of Receipt         07       13         Y Y Y Y
an ess 5658 Tynecastle Loo per of contributing al committee. ployer tual Ins. Co. y	State Zip Code OH 43016 C Occupation Assist V. P. Aggregate Year-to-Date ▼ 705.00	M M / D D / Y Y Y Y         12       22         22       2007         Transaction ID: SA11AI.8317         Amount of Each Receipt this Period         30.00         Payroll deduction of \$30         per pay         Date of Receipt         07       13         Y Y Y Y
ber of contributing al committee. loyer tual Ins. Co. y General specify) ▼ ast, First, Middle Initial)	State Zip Code OH 43016 C Occupation Assist V. P. Aggregate Year-to-Date ▼ 705.00	12       22       2007         Transaction ID: SA11AI.8317         Amount of Each Receipt this Period         30.00         Payroll deduction of \$30         per pay         Date of Receipt         M M       /         D 7       13         Y       Y         Y       Y
al committee. oloyer tual Ins. Co. y General specify) ▼ ast, First, Middle Initial) p	OH     43016       C     Occupation       Assist V. P.     Aggregate Year-to-Date       Aggregate Year-to-Date     ▼	Amount of Each Receipt this Period 30.00 Payroll deduction of \$30 per pay Date of Receipt M M / D D / Y Y Y Y 2 0 0 7
al committee. oloyer tual Ins. Co. y General specify) ▼ ast, First, Middle Initial) p	C Occupation Assist V. P. Aggregate Year-to-Date 705.00	30.00         Payroll deduction of \$30         per pay         Date of Receipt         07       13         2007
y General specify) <b>▼</b> ast, First, Middle Initial)	Assist V. P. Aggregate Year-to-Date 705.00	Date of Receipt
specify) <b>▼</b> ast, First, Middle Initial)	705.00	M M / D D / Y Y Y Y 07 / 13 2007
p ,	-	M M / D D / Y Y Y Y 07 / 13 2007
	-	07 13 2007
	Stato Zin Codo	
	OH 43065	Transaction ID: SA11AI.7442 Amount of Each Receipt this Period
per of contributing al committee.	C	80.00
ployer tual Insurance	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
y General specify) <b>▼</b>	Aggregate Year-to-Date  1030.00	
ast, First, Middle Initial) p		Date of Receipt
ess 1390 Picardae Court	t	M M / D D / Y Y Y Y 07 27 2007
	State Zip Code	Transaction ID: SA11AI.7509
per of contributing al committee.	OH 43065	Amount of Each Receipt this Period 80.00
ployer tual Insurance	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
	Aggregate Year-to-Date  1110.00	
y General specify) <b>▼</b>		
	al committee.	al committee.  Doloyer tual Insurance  Chairman, President and CEO  Aggregate Year-to-Date  1110.00  1110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         1
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso name and address of any political committee to	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7580
	Powell FEC ID number of contributing	OH 43065	Amount of Each Receipt this Period
	federal political committee.		80.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$80 per pay</li> </ul>
	<u>Co.</u> Receipt For:	Chairman, President and CEO Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	1190.00	]
	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		0 8 / 2 4 / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7648
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	1270.00	
	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7713
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	1350.00	
Г		1	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       1
, C	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
×.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 09 21 2007
	City	State	Zip Code	Transaction ID: SA11AI.7782
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$80 per pay
	<u>Co.</u> Receipt For:	1 .	n, President and CEO	
	Primary General Other (specify) ▼		1430.00	]
_	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			10 <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>10</sup> <sup>1</sup>
	City	State	Zip Code	Transaction ID: SA11AI.7869
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 1510.00	]
_	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			10 <sup>1</sup> 19 <sup>2</sup> 2007
	City	State	Zip Code	Transaction ID: SA11AI.7939
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 1590.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		240.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         16
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
~	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			1 1 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8024
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$80 per pay
	<u>Co.</u> Receipt For:	1 1	n, President and CEO Year-to-Date V	_
	Primary General Other (specify) ▼		1670.00	]
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 111 16 2007
	City	State	Zip Code	Transaction ID: SA11AI.8101
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 1750.00	]
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 111 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.8172
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date V 1830.00	]
	SUBTOTAL of Receipts This Page (optional)	1		240.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
<i>А</i> .	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8250
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$80 per pay</li> </ul>
	<u>Co.</u>	Chairman, President and CEO	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	1910.00	
в.	Full Name (Last, First, Middle Initial)		Date of Receipt
р.	John J. Bishop Mailing Address 1390 Picardae Court		1 2 2 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8318
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1990.00	
с.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers	1	Date of Receipt
	Mailing Address S86 W33540 Short Dr	ive	M M / D D / Y Y Y Y 07 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7563
	Mukwonago	WI 53149-9306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	<ul> <li>Payroll deduction of \$125 quarterly</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	250.00	
	SUBTOTAL of Receipts This Page (optional)	·	285.00
	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 / 263           (check only one)         11a           X         11a         11b           I3         14         15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers			Date of Receipt
	Mailing Address S86 W33540 Short Dr	rive		1 1 0 2 Y Y Y Y 1 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8078
	Mukwonago	WI	53149-9306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$125 quarterly
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0.0	375.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	1		Date of Receipt
	Mailing Address 1831 265th Street			08 / D D / Y Y Y Y 08 24 2007
	City	State	Zip Code	Transaction ID: SA11AI.7632
	Calamus	IA	52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info	o Tech.	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate	PYear-to-Date ▼ 220.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7699
	Calamus	IA	52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info		Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
	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:         PAGE 16 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		M M         /         D D         /         Y Y         Y Y         Y
	City	State Zip Code	Transaction ID: SA11AI.7768
	Calamus FEC ID number of contributing federal political committee.	IA 52729	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	]
- B.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		10 <sup>M</sup> 05 <sup>Y</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7853
		IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00 Payroll deduction of \$20
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	]
- C.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		10 / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7925
	Calamus FEC ID number of contributing federal political committee.	IA 52729	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
	SUBTOTAL of Receipts This Page (optional)	•	60.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		M M / D D / Y Y Y Y 1 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8008
	<u>Calamus</u>	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	320.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	•	Date of Receipt
-	Mailing Address 1831 265th Street		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8087
	Calamus	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
– C.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8158
	Calamus	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	60.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 263
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
ſ			13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8237
	<u>Calamus</u>	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation	Payroll deduction of \$20 per pay
	Receipt For:	V. P. Info Tech. Aggregate Year-to-Date ▼	
	Primary General		-
	Other (specify)	380.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		1 2 2 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8305
	<u>Calamus</u>	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	400.00	
	Other (specify) ▼		
с.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7443
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
	CURTOTAL of Descripto This Dass (antiser-1)		55.00
	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	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 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		07 / 27 / Y Y Y Y 07 / 27
	City	State Zip Code	Transaction ID: SA11AI.7510
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
- В.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		M M / D D / Y Y Y Y 0 8 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7581
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	240.00	
- C.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		0 8 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7649
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	255.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
	<b>TOTAL</b> This Period (last page this line number	oniy)	

	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 20 / 263           (check only one)         11a           X         11a           13         14           15         16           17
or for c	ommercial purposes, other than using the n	tements may not be sold or used by any pers ame and address of any political committee t	on for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE CO	OMPANY CIVIC FUND	
	Name (Last, First, Middle Initial) iam P. Brestle		Date of Receipt
Mail	ling Address 3979 Chancellor Drive		M M / D D / Y Y Y Y 09 07 2007
City		State Zip Code	Transaction ID: SA11AI.7714
	ove city	OH 43123	Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C	15.00 Payroll deduction of \$15
Nan Mot pan	ne of Employer orists Mutual Ins. Com- v	Occupation Assist. V. P.	per pay
	eipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	270.00	
	Name (Last, First, Middle Initial) iam P. Brestle		Date of Receipt
Mail	ling Address 3979 Chancellor Drive		M         M         /         D         D         /         Y
City		State Zip Code	Transaction ID: SA11AI.7783
	ove city	OH 43123	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.		Payroll deduction of \$15
Mot <u>pan</u>		Occupation Assist. V. P.	per pay
Rec	eipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify)	285.00	
	Name (Last, First, Middle Initial) iam P. Brestle		Date of Receipt
Mail	ling Address 3979 Chancellor Drive		10 <sup>0</sup> 05 <sup>7</sup> 2007
City		State Zip Code	Transaction ID: SA11AI.7870
		OH 43123	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.		15.00
Nan Mot pan	ne of Employer orists Mutual Ins. Com- v	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Rec	eipt For: Primary General	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	300.00	
SUBT	OTAL of Receipts This Page (optional)		45.00
	L This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 263
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Г	Any information and from such Departs and Ob		
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		
	/		
Α.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7940
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	Payroll deduction of \$15 per pay
	Receipt For:	Assist. V. P.	
	Primary General	Aggregate Year-to-Date ▼	-
	Other (specify)	315.00	
В.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8025
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General	330.00	
	Other (specify) 🔻		
с.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8102
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	345.00	
[	SUBTOTAL of Receipts This Page (optional)		45.00
-	SUBTUTAL OF DECEIPTS THIS Page (optional)		
	TOTAL This Period (last page this line number of	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22 / 263           (check only one)         11a           X         11a           13         14           15         16           17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\geq$	MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		M M / D D / Y Y Y Y 1 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8173
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	360.00	]
в.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		12 / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8251
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
 C.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
0.	Mailing Address 3979 Chancellor Drive		1 2 2 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8319
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 390.00	]
s	UBTOTAL of Receipts This Page (optional)		45.00
	OTAL This Period (last page this line number of		-

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 23 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (     Full Name (Last, First, Middle Initial)	LOMPANY GIVIC FUND	
Α.	Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		10 <sup>M</sup> /05 <sup>/</sup> YYYY 10 <sup>D</sup> /2007
	City	State Zip Code	Transaction ID: SA11AI.7871
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	210.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		M M         /         D D         /         Y Y         Y Y         Y
	City	State Zip Code	Transaction ID: SA11AI.7941
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	225.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	1	Date of Receipt
	Mailing Address 5300 State Route 203		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8026
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
_	Other (specify) <b>v</b>	240.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
Ī	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 24 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE O	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial)         Mr. Jon A. Bright         Mailing Address       5300 State Route 203		
	City	State Zip Code	<u>11</u> <u>16</u> <u>2007</u> Transaction ID: SA11AI.8103
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 203		Date of Receipt
			11 30 2007
	City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.8174 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	]
- C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8252
	Radnor FEC ID number of contributing federal political committee.	OH 43066	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	]
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

:	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 263
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (		
۷ A.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		M M / D D / Y Y Y Y Y 12 22 2007
	City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.8320
	FEC ID number of contributing	C 43066	Amount of Each Receipt this Period
	federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	per pay
	Receipt For:	Aggregate Year-to-Date	-
	Primary     General       Other (specify) ▼	300.00	
- B.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y 07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7445
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	210.00	
- C.	Full Name (Last, First, Middle Initial) Duane L. Cable	I	Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7512
	Columbus FEC ID number of contributing	OH 43235	Amount of Each Receipt this Period
	federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	225.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	45.00
ŀ	TOTAL This Period (last page this line number	<b>·</b>	
L	INTE THIS I CHOU (IAST PAYE THIS III C HUITIDE		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 26 / 263           (check only one)         III           X         11a         11b         11c         12           I3         14         15         16         17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7584
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
в.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7651
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	255.00	
C.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7716
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	270.00	
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number of	only)	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 27 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		09 <sup>//</sup> 21 <sup>//</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7785
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)     ▼	285.00	
— В.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		10 <sup>//</sup> 05 <sup>/</sup> Y Y Y 10 <sup>//</sup> 05 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7873
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	300.00	
– c.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		10 19 YYYY 10 19
	City	State Zip Code	Transaction ID: SA11AI.7942
	<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	315.00	
Γ	SUBTOTAL of Receipts This Page (optional)	······	45.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any p	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y 1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8027
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	330.00	· .
В.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8104
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	345.00	
C.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y 11 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8175
	<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	360.00	
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

City     State     Zip Code       Columbus     OH     43235         FEC ID number of contributing federal political committee.     C         Image: Columbus     12         Image: Columbus     Image: Columbus	Y Y Y 0 7
A.       Full Name (Last, First, Middle Initial) Duane L. Cable       Date of Receipt         Mailing Address       6984 Linbrook Blvd.       1 2       1 4       2 0         City       State       Zip Code       Transaction ID: SA11AI.8253         Columbus       OH       43235       Amount of Each Receipt this Per         FEC ID number of contributing federal political committee.       C       14	07
A.       Duane L. Cable       Date of Receipt         Mailing Address       6984 Linbrook Blvd.       1 4 2 0         City       State       Zip Code         Columbus       OH       43235         FEC ID number of contributing federal political committee.       C         Payroll deduction of \$15	07
City     State     Zip Code       Columbus     OH     43235         FEC ID number of contributing federal political committee.     C         Image: Columbus     12         Image: Columbus     Image: Columbus         Image: Columbus     Image: Columbus	07
Columbus     OH     43235       FEC ID number of contributing federal political committee.     C     11       Payroll deduction of \$15     14	
FEC ID number of contributing federal political committee.	hoi
federal political committee.	
Payroll deduction of \$15	5.00
Name of Employer Motorists Mutual Ins. Com- pany Assist. V. P.	
Receipt For: Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼       375.00	
Full Name (Last, First, Middle Initial)     Duane L. Cable       B.     Duane L. Cable	
	0 7
City State Zip Code Transaction ID: SA11AI.8321	
Columbus OH 43235 Amount of Each Receipt this Per	iod
rederal political committee.	5.00
Name of Employer Motorists Mutual Ins. Com- panyOccupationPayroll deduction of \$15 per pay	
Receipt For: Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼       390.00	
Full Name (Last, First, Middle Initial)     Date of Receipt	
Mailing Address 6436 Meadow Glen N 07 13 20	Y Y 07
City State Zip Code Transaction ID: SA11AI.7446	
Westerville OH 43082 Amount of Each Receipt this Per	iod
rederal political committee.	5.00
Name of Employer Motorists Mutual Ins. Com- panyOccupationPayroll deduction of \$15 per pay	
Receipt For: Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼     210.00	
SUBTOTAL of Receipts This Page (optional)	5.00
TOTAL This Period (last page this line number only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 30 / 263         (check only one)
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements ma name and ad	ay not be sold or used by any per Idress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY	CIVIC FUND	
×.	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N			07 <sup>1</sup> 27 <sup>1</sup> 2007
	City	State	Zip Code	Transaction ID: SA11AI.7513
	Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	/. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date V 225.00	
	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N			08 10 Y Y Y Y 08 10 2007
	City	State	Zip Code	Transaction ID: SA11AI.7585
	Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 240.00	
	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N			0 8 / D D / Y Y Y Y 2 4 2 0 0 7
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.7652
	FEC ID number of contributing federal political committee.	C	43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V	/. P	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 255.00	
Г				45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 31 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addres	ss of any political committee to	
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIV	/IC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N			M         M         /         D         D         /         Y
	City Westerville	State OH	Zip Code	Transaction ID: SA11AI.7717
	Westerville FEC ID number of contributing federal political committee.	C	43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$15 per pay
	pany Receipt For:	Assist. V. P Aggregate Ye	ear-to-Date ▼	-
	Primary     General       Other (specify) ▼		270.00	]
- В.	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt
	Mailing Address 6436 Meadow Glen N			09 / D D / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.7786
	Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period 15.00 Downell deduction of #15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 285.00	]
- С.	Full Name (Last, First, Middle Initial) Thomas D. Campana	1		Date of Receipt
	Mailing Address 6436 Meadow Glen N			M M / D D / Y Y Y Y 10 05 2007
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.7874
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Ye	ear-to-Date 300.00	]
	SUBTOTAL of Receipts This Page (optional)			45.00
	TOTAL This Period (last page this line number	only)	·····	

SCHEDULE A (FE	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 32 / 263           (check only one)         X           X         11a           11b         11c           12           13         14
	other than using the name and ac		son for the purpose of soliciting contributions to solicit contributions from such committee.
/	AL INSURANCE COMPANY	CIVIC FUND	
Full Name (Last, First, M Thomas D. Campana	liddle Initial)		Date of Receipt
Mailing Address 6436	Meadow Glen N		M M / D D / Y Y Y Y 10 19 2007
City	State	Zip Code	Transaction ID: SA11AI.7943
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Co pany	m- Occupation Assist. V		per pay
Receipt For:		te Year-to-Date 🔻	
Primary 0 Other (specify) ▼	General	315.00	
Full Name (Last, First, M Thomas D. Campana	,		Date of Receipt
Mailing Address 6436	Meadow Glen N		M M / D D / Y Y Y Y 1 1 0 2 2007
City	State	Zip Code	Transaction ID: SA11AI.8028
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contri federal political committe	e.		Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Co pany	m- Occupation Assist. N		per pay
Receipt For:	Aggregat	te Year-to-Date 🔻	_
Other (specify)		330.00	
Full Name (Last, First, M Thomas D. Campana	iddle Initial)		Date of Receipt
Mailing Address 6436	Meadow Glen N		1 1 / D D / Y Y Y Y 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.8105
Westerville FEC ID number of contri	OH	43082	Amount of Each Receipt this Period
federal political committe			15.00
Name of Employer Motorists Mutual Ins. Co pany	ASSIST.	V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary	Aggregat General	te Year-to-Date 🔻	-
Other (specify)	L	345.00	
SUBTOTAL of Receipts T	nis Page (optional)		45.00
	age 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 33 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committ	
Α.	Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8176
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P.	per pay
	Primary General Other (specify) ▼	Aggregate Year-to-Date  360.00	
в.	Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N		Date of Receipt
	Maning Address 6436 Meadow Gren N		12 / D D / Y Y Y Y 12 / 14 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8254
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date	per pay
	Primary General Other (specify) ▼	375.00	
с.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		12 / D D / Y Y Y Y 12 / 22 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8322
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date	per pay
	Primary General Other (specify) ▼	390.00	
	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 34 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7447
	<u>Galena</u>	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	350.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7514
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	375.00	
- С.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7586
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	400.00	
	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 35 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		0 8 / D D / Y Y Y Y 0 8 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7653
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	425.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7718
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	450.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7787
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
ľ	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 36 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7875
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7944
	<u>Galena</u>	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	525.00	
- С.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8029
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00
ľ	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 37 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	a solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail		Date of Receipt
			11 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8106
	Galena FEC ID number of contributing federal political committee.	OH 43021	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail		Date of Receipt
			11 30 2007
	City Galena	State Zip Code OH 43021	Transaction ID: SA11AI.8177 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 600.00	]
- C.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8255
	Galena FEC ID number of contributing federal political committee.	OH 43021	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	]
	SUBTOTAL of Receipts This Page (optional)		75.00
ſ	TOTAL This Period (last page this line number	only)	

	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 38 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
Any inf or for c	ormation copied from such Reports and St	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
	Name (Last, First, Middle Initial) Grady Campbell		Date of Receipt
Mai	ling Address 5760 Whispering Trail		12 22 2007
City		State Zip Code	Transaction ID: SA11AI.8323
	lena	OH 43021	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С	25.00
Nar Mo	ne of Employer torists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Rec	ceipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	650.00	
	Name (Last, First, Middle Initial) n D. Coffman		Date of Receipt
Mai	ling Address 7042 Tralee Drive		07 / <sup>D</sup> D / <u>Y</u> Y Y Y 2007
City		State Zip Code	Transaction ID: SA11AI.7448
	blin	OH 43017	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	17.00
Nar Mo par	ne of Employer torists Mutual Ins. Com- iv	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$17 per pay</li> </ul>
	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	238.00	
	Name (Last, First, Middle Initial) n D. Coffman		Date of Receipt
Mai	ling Address 7042 Tralee Drive		M M / D D / Y Y Y Y 07 27 2007
City		State Zip Code	Transaction ID: SA11AI.7515
	blin	OH 43017	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	
Nar Mo par	ne of Employer torists Mutual Ins. Com- ly	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
Rec	ceipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	255.00	
SUBT	I OTAL of Receipts This Page (optional)		59.00
	L This Period (last page this line number of	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 39 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7587
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$17</li> <li>per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	272.00	
- В.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7654
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$17
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	289.00	
- С.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		09 07 YYYY 007 2007
	City	State Zip Code	Transaction ID: SA11AI.7719
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	306.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	51.00
ŀ	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 40 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7788
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$17 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	323.00	
- В.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7876
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$17
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	1
	Other (specify)	340.00	
с.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7945
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$17</li> <li>per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	357.00	
ſ	SUBTOTAL of Receipts This Page (optional)		51.00
ŀ	TOTAL This Period (last page this line number	<b>·</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 41 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		1 1 <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: SA11AI.8030
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	374.00	
– В.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8107
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	391.00	
- c.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 11 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8179
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	408.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	51.00
ŀ	TOTAL This Period (last page this line number	only)	

			FOR LINE NUMBER: PAGE 42 / 263
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
1			13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
А.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		12 / <sup>D</sup> D / Y Y Y Y 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8256
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer	Occupation	<ul> <li>Payroll deduction of \$17</li> </ul>
	Motorists Mutual Ins. Com- pany	Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	425.00	
	Other (specify)	425.00	
в.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8324
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$17 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	442.00	
С.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C	t.	07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7496
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Insurance Com-	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	225.00	
	SUBTOTAL of Receipts This Page (optional)		59.00
	<b>TOTAL</b> This Period (last page this line number of	<b>-</b>	
		oriny)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE 43 / 263(check only one) $X$ 11a11b11c121314151617n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street C	t.	
	City	State Zip Code	08102007 Transaction ID: SA11AI.7567
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer lowa Mutual Insurance Com- pany Receipt For: Primary General Other (specify) ▼	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼ 250.00	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
- B.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street C	t.	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7633
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer lowa Mutual Insurance Com- pany Receipt For: Primary General Other (specify) ▼	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼ 275.00	per pay
- C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C		M · M         /         D · D         Y         Y · Y · Y         Y
	City	State Zip Code	Transaction ID: SA11AI.7700
	Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com- pany Receipt For: Primary General Other (specify)	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼ 300.00	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
ſ	SUBTOTAL of Receipts This Page (optional)	•	75.00
ſ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 44 / 263         (check only one)       X         X       11a         13       14         15       16         16       1
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY C	CIVIC FUND	
× ۸.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street	Ct.		M M / D D / Y Y Y Y 09 21 2007
	City	State	Zip Code	Transaction ID: SA11AI.7769
	Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com- pany Receipt For:		Marketing/Claims Year-to-Date ▼	Payroll deduction of \$25 per pay
	Other (specify) ▼	1 I 1 I	325.00	]
	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street	Ct.		10 / 05 / Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7854
	Eldridge FEC ID number of contributing federal political committee.		52748	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Insurance Com- pany Receipt For:	- 1 · · · · · · · · · · · · · · · · · ·	Marketing/Claims Year-to-Date ▼	Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼		350.00	]
	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street	Ct.		M M / D D / Y Y Y Y 10 19 2007
	City Eldridae	State IA	Zip Code 52748	Transaction ID: SA11AI.7926 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Iowa Mutual Insurance Com- pany		Marketing/Claims	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]
Γ	SUBTOTAL of Receipts This Page (optional).			75.00

ITEMIZED RECEIPTS       for each category of the Detailed Summary Page       image: Detailed Summary Pag	ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 263
Ary Internation copied from such Reports and Statements may not be add or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         A.       Metting and the such reports and statements may not be add or used by any person for the purpose of solicit contributions from such committee.         A.       Metting and the such reports and Statements may not be add or used by any person for the purpose of solicit contributions from such committee.         City       State         Mailing Address       712 South 9th Street Ct.         Editidge       IA         FEC ID number of contributing federal political committee.       C         Payroll deduction of \$25       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25         Payroll deduction of \$25.00       Payroll deduction of \$25         Payroll deduction of \$25.00       Payroll deduction of \$25.00         Payroll deduction of \$25.00       Pa	I	TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
A       Full Name (Last, First, Middle Initial) Milling Address       712 South 9th Street Ct.         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11Al.8010         Amen of Employer Parry       General       Occupation Sr. V. P. Marketing/Claims parry       Payroll deduction of \$25         B.       McT.Tomas R Cole       Aggregate Year-to-Date       Payroll deduction of \$25         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11Al.8008         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       Occupation Sr. V. P. Marketing/Claims parry       Date of Receipt         B.       McT.Tomas R Cole       Date of Receipt       Transaction ID: SA11Al.8008         Amount of Each Receipt I for:       0 Cocupation Sr. V. P. Marketing/Claims parry       Payroll deduction of \$25         Parry       General       C       Payroll deduction of \$25         City       State       Zip Code       Payroll deduction of \$25         Parry       General       Occupation Sr. V. P. Marketing/Claims Parry       Date of Receipt         Mailing Address       712	ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
A.       Mr. Thomas it Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       In State       Zip Code         City       State       Zip Code       Transaction ID: SA11AL8010         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt IN Period         Name at Employer love Mutual Informance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Occupation Other (specify) ♥       Aggregate Year-to-Date ♥       Parroll Address         B.       Full Name (Last, First, Middle Initia)       Aggregate Year-to-Date ♥       Parroll Address         Maing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8088         City       State       Zip Code         Eidridige       IA       52748         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name qt Employer       Occupation Sr. V. P. Marketing/Claims       Aggregate Year-to-Date ♥         Name qt Employer       Aggregate Year-to-Date ♥       Parroll deduction of \$25         Name qt Employer       Occupation Sr. V. P. Marketing/Claims       Anount of Each Receipt this Period         City       State       Zip Code       Transaction ID; Sa11AL8159 <t< th=""><th></th><th>NAME OF COMMITTEE (In Full)</th><th></th><th></th></t<>		NAME OF COMMITTEE (In Full)		
City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing       C       Amount of Each Receipt this Period         Parroll deduction of \$25       Parroll deduction of \$25         Primary       General       Occupation         Primary       General       Aggregate Year-to-Date         Primary       General       Date of Receipt         City       State       Zip Code         Eldridge       IA       52748         Mailing Address       712 South 9th Street Ct.       Transaction 10: SA11AL8088         City       State       Zip Code         Eldridge       IA       52748         Primary       General       C       Transaction 10: SA11AL8088         Amount of Each Receipt this Period       25.00       Payroll deduction of \$25         Name of Employer       C       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer       General       Occupation       Payroll deduction of \$25         Primary       General       Occupation       Payroll deduction of \$25         Name of Employer       Aggregate Year-to-Date       Payroll deduction of \$25         Primary       General       Occupation	۷ A.	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Eldridge       IA       52748       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Con- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       General       Occupation Sr. V. P. Marketing/Claims       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8088         Eldridge       IA       52748         Mare of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼       Date of Receipt         Mare of Employer lowa Mutual Insurance Com- pany       C       Transaction ID: SA11AL8088         Aggregate Year-to-Date ▼       Payroll deduction of \$25         Partoll deduction of \$25       State       Zip Code         Image of Employer lowa Mutual Insurance Com- pany       Aggregate Year-to-Date ▼       Payroll deduction of \$25         C.       Mare of Employer Primary       General       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8159         Eldridge       IA       52748       Amount of Each Receipt         Mare of Employer lowa Mutual Insurance Com- pany       So 0 / 2 0 0 7       Transactio		Mailing Address 712 South 9th Street C	it.	
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer pany Receipt For: Other (specify) ▼       Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Mr. Thomas R Cole       Date of Receipt Transaction ID: SA11AI.8088         Address 712 South 9th Street Ct.       Marketing/Claims Aggregate Year-to-Date ▼       Date of Receipt Transaction ID: SA11AI.8088         Receipt For: Ority       State       Zip Code       Transaction ID: SA11AI.8088         Amount of Each Receipt Initial)       Sr. V. P. Marketing/Claims       Amount of Each Receipt Ibis Period         FC: ID number of contributing federal political committee.       C       Transaction ID: SA11AI.8088         Name of Employer Iowa Mutual Insurance Com- pany Receipt For: Other (specify) ▼       Occupation Sr. V. P. Marketing/Claims       Date of Receipt         Mailing Address 712 South 9th Street Ct.       Mailing Address 712 South 9th Street Ct.       Transaction ID: SA11AI.8159         Mailing Address 712 South 9th Street Ct.       Mailing Address 712 South 9th Street Ct.       Date of Receipt         Mailing Address 712 South 9th Street Ct.       Mailing Address 712 South 9th Street Ct.       Payroll deduction of \$25         Name of Employer Iowa Mutual Insurance Com- pany       IA       52748       Parent Heceipt His Period         FC. ID number of contributing federal politica			-	Transaction ID: SA11AI.8010
federal political committee.       C         Name of Employer pany Parvoil deduction of \$25         Name of Employer pany Primary       General Other (specify) ▼       Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼       Payroli deduction of \$25         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8088         City       State       Zip Code         Eldridge       IA       52748         FEC: ID number of contributing dedral political committee.       Occupation Sr. V. P. Marketing/Claims       Payroli deduction of \$25         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Payroli deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Payroli deduction of \$25         Mailing Address       712 South 9th Street Ct.       Image and the strand of the s		Eldridge	IA 52748	Amount of Each Receipt this Period
Halle QV Enloyee       Constrained Com- pay       Decouplation       per pay         Primary       General       Aggregate Year-to-Date ▼			C	
Receipt For:       Aggregate Year-to-Date          Primary       General       400.00         B.       Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       11         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Mount of Each Receipt this Period         Name of Employer lowa Mutual Insurance Com- pany Reccipt For:       Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼       Date of Receipt         Milling Address       712 South 9th Street Ct.       11       10       25.00         C.       Full Name (Last, First, Middle Initia)       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       712 South 9th Street Ct.       11       11       10       20.0.7         City       State       Zip Code       25.00       Payroll deduction of \$25       Payroll         Eldridge       IA       52748       Payroll deduction of \$25       Payroll       20.0.7       Transaction ID: SA11AL:8159         C.       Full Name (Last, First, Middle Initia)       Milling Address       712 South 9th Street Ct.       11       11       3.0       2.0.0.7		Iowa Mutual Insurance Com-		
Primary       General         Other (specify) ▼       400.00         B.       Mailing Address       712 South 9th Street Ct.         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL8088         Amount of Each Receipt His Period       25.00         Payroll deduction of \$25       Payroll deduction of \$25         Primary       General       Occupation Sr. V. P. Marketing/Claims         Aggregate Year-to-Date       ▼         Primary       General       Other (specify) ▼         C.       Mr. Thomas R Cole       Mailing Address         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8088         C.       Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8159         C.       Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8159         Amount of Each Receipt Import       25.00       Payroll deduction of \$25         Primary       General       C       Payroll deduction of \$25         Payroll deduction of \$25, 0.0       Payroll deduction of \$25       Payroll deduction of \$2				-
B.       Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Image: Cole of Receipt         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer low Mutual Insurance Company       Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Occupation       Sr. V. P. Marketing/Claims       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Mr. Thomas R Cole       Min M / 0 0 0 / 2 0 0 7         Mailing Address       712 South 9th Street Ct.       Date of Receipt       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       Min M / 0 0 0 / 2 0 0 7         C.       FEC ID number of contributing federal political committee.       C       Transaction ID: SA11Al.8159         Amount of Each Receipt Initial       C       Transaction ID: SA11Al.8159       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer low Mutual Instruance Company       Sr. V. P. Marketing/Claims       Payroll deduction of \$25       Payr				
City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL8088         Name of Employer lowa Mutual Insurance Com- pany       C       Payroll deduction of \$25         Receipt For:       Other (specify) ▼       425.00       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)       Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Transaction ID: SA11AL8159         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Miling Address         Tity       State       Zip Code       Transaction ID: SA11AL8159         Annount of Each Receipt       Miling Address       712 South 9th Street Ct.       Transaction ID: SA11AL8159         Annount of Each Receipt Inis Period       25.00       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25       Payroll deduction of \$25         Per pay       Aggregate Year-to-Date ▼       Transaction ID: S25       Payroll deduction of \$25 <th>- В.</th> <th></th> <th></th> <th>Date of Receipt</th>	- В.			Date of Receipt
Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       General       425.00         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Mm // 0 0 0 // 2 0 0.7         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Com- pany       IA       52748         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Com- pany       Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25		Mailing Address 712 South 9th Street C	Xt.	
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       425.00         C.       Full Name (Last, First, Middle Initial)       425.00         Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Amount of Each Receipt this Period         PEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25		City	State Zip Code	Transaction ID: SA11AI.8088
federal political committee.       C       23.00         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)       425.00       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Date of Receipt         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       Occupation Sr. V. P. Marketing/Claims       Amount of Each Receipt this Period         Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Aggregate Year-to-Date ▼         Primary       General       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25		Eldridge	IA 52748	Amount of Each Receipt this Period
Name of Employer pany       Cocupation Sr. V. P. Marketing/Claims       per pay         Primary       General Other (specify)       Aggregate Year-to-Date       Image: Cocupation Image: Cocupation       Per pay         Full Name (Last, First, Middle Initial) Other (specify)       Image: Cocupation Image: Cocupation       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Image: Cocupation Image: Cocupation       Date of Receipt         City       State       Zip Code IA       Image: Cocupation Image: Cocupation       Pay of Image: Cocupation Image: Cocupation       Pay of Image: Cocupation Image: Cocupation       Payroll deduction of \$25         Name of Employer lowe Mutual Insurance Com- pany Receipt For:       Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date       Image: Cocupation Image: Cocupation       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date       Image: Cocupation Image: Cocupation       Image: Cocupation Image: Cocupation       Payroll deduction of \$25			C	
Primary       General         Other (specify) ▼       425.00         C.       Full Name (Last, First, Middle Initial)         Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.8159         Name of Employer low Mutual Insurance Company       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date ▼       Payroll deduction of \$25		Iowa Mutual Insurance Com-		
Other (specify) ▼       425.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer lowa Mutual Insurance Company       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25 per pay         Primary       General       Aggregate Year-to-Date       V			Aggregate Year-to-Date	
C.       Mr. Thomas R Cole       Date of Receipt         Mailing Address       712 South 9th Street Ct.       Mailing Address         City       State       Zip Code         Eldridge       IA       52748         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Insurance Company       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date ▼       450.00			425.00	
City       State       Zip Code       Transaction ID: SA11AI.8159         Eldridge       IA       52748       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Insurance Company       Occupation       25.00         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Primary       General       450.00       450.00	– C.		1	Date of Receipt
Eldridge       IA       52748       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Insurance Company       Occupation       Sr. V. P. Marketing/Claims       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       450.00       450.00		Mailing Address 712 South 9th Street C	ờt.	
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Insurance Company       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       450.00		-		
federal political committee.       C       23.00         Name of Employer lowa Mutual Insurance Com- pany       Occupation Sr. V. P. Marketing/Claims       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼         Primary       General		Q		
Name of Employer     Occupation     per pay       Iowa Mutual Insurance Company     Sr. V. P. Marketing/Claims     per pay       Receipt For:     Aggregate Year-to-Date ▼       Primary     General				
Primary General 450.00		pany		
450.00			Aggregate Year-to-Date 🔻	
			450.00	
SUBTOTAL of Receipts This Page (optional) 75.00	Γ	SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number only)	╞			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 263 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C	t.	M · M         /         D · D         /         Y · Y · Y         Y         Y · Y         Y
	City	State Zip Code	Transaction ID: SA11AI.8238
	Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com-	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify)	475.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C	t.	12 D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8306
	Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Insurance Com- pany	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
– C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, S	W	M M / D D / Y Y Y Y 07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7564
	Pataskala FEC ID number of contributing federal political committee.	OH 43062	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  210.00	
Γ	SUBTOTAL of Receipts This Page (optional)		65.00
	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 47 / 263         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       1
/ c	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY		
∠ \.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road, S	SW		07 27 Y Y Y Y 07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.7517
	Pataskala FEC ID number of contributing	ОН	43062	Amount of Each Receipt this Period
	federal political committee.	Occupatio		Payroll deduction of \$15
	Motorists Mutual Ins. Com- pany Receipt For:	Assist. V		per pay
	Primary General Other (specify) ▼		225.00	]
-	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road, S	SW		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.7588
	Pataskala FEC ID number of contributing federal political committee.	ОН	43062	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  240.00	]
_	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road, S	SW		M M         /         D D         /         Y
	City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.7655 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		45.00

A. K		e name and address of any political committe	·
A. K M G F F f f Q P	ull Name (Last, First, Middle Initial) athleen M. Cooper lailing Address 10544 Smoke Road, ity Pataskala EC ID number of contributing aderal political committee. ame of Employer lotorists Mutual Ins. Com- any ecceipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)	SW State Zip Code OH 43062 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	M M       O       D       O       Y
<b>Α. <u>κ</u>μ Ο Ε Γ Γ Γ Γ Γ Γ Ω Σ Δ Ω</b>	athleen M. Cooper lailing Address 10544 Smoke Road, ity Pataskala EC ID number of contributing deral political committee. ame of Employer lotorists Mutual Ins. Com- any eceipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)	State     Zip Code       OH     43062       C       Occupation       Assist. V. P.       Aggregate Year-to-Date	M M       O       D       O       Y
_ C F fe fe Δ Δ	ity Pataskala EC ID number of contributing aderal political committee. ame of Employer fotorists Mutual Ins. Com- any eccipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)	State     Zip Code       OH     43062       C       Occupation       Assist. V. P.       Aggregate Year-to-Date	09     07     2007       Transaction ID: SA11AI.7720       Amount of Each Receipt this Period       15.00     15.00       Payroll deduction of \$15       per pay
F fe N N P	Pataskala         EC ID number of contributing aderal political committee.         ame of Employer fotorists Mutual Ins. Comany         ecceipt For:         Primary       General         Other (specify) ▼         ull Name (Last, First, Middle Initial)	OH 43062 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
F fe N P	EC ID number of contributing ederal political committee. ame of Employer fotorists Mutual Ins. Com- any eccipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)	C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
p	any eceipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)	Assist. V. P. Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial)		·
		1	
<b>В.</b> <u>к</u>	lailing Address 10544 Smoke Road,	SW	Date of Receipt
Ē	ity	State Zip Code	09212007 Transaction ID: SA11AI.7789
_	Pataskala	OH 43062	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	Payroll deduction of \$15
N	ame of Employer lotorists Mutual Ins. Com- any	Occupation Assist. V. P.	per pay
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
	ull Name (Last, First, Middle Initial) athleen M. Cooper		Date of Receipt
N	lailing Address 10544 Smoke Road,	SW	M M / D D / Y Y Y Y 10 05 2007
	<sup>ity</sup> Pataskala	State Zip Code OH 43062	Transaction ID: SA11AI.7877
F	EC ID number of contributing deral political committee.	C	Amount of Each Receipt this Period
p	ame of Employer lotorists Mutual Ins. Com- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
н	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  300.00	
SUE	<b>BTOTAL</b> of Receipts This Page (optional)	I	45.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 49 / 263           (check only one)         X           X         11a         11b         11c         12           I3         14         15         16         17
or fo		tatements may not be sold or used by any personame and address of any political committee t	
2	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
<b>A.</b> <u>+</u>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
Ν	Aailing Address 10544 Smoke Road, S	W	10 <sup>''</sup> 19 <sup>''</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7946
-	Pataskala EC ID number of contributing	OH 43062	Amount of Each Receipt this Period
	ederal political committee.		15.00
	lame of Employer Notorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	any Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	315.00	
<b>B.</b> <u></u>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
Ν	Aailing Address 10544 Smoke Road, S	1 1 0 2 Y Y Y Y 1 1 1 0 2 2 0 0 7	
_	Dity	State Zip Code	Transaction ID: SA11AI.8031
-	Pataskala EC ID number of contributing	OH 43062	Amount of Each Receipt this Period
	ederal political committee.		15.00
1	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Pany Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	330.00	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
N	Aailing Address 10544 Smoke Road, S	W	M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8108
-	Pataskala EC ID number of contributing	OH 43062	Amount of Each Receipt this Period
	ederal political committee.		15.00
ţ	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
F	Receipt For:	Aggregate Year-to-Date ▼	-
	Other (specify)	345.00	
SU	BTOTAL of Receipts This Page (optional)		45.00
		only)	

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER:         PAGE 50 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         16	
or f	y information copied from such Reports an or commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold o the name and address of any p	r used by any persor olitical committee to s	n for the purpose of soliciting contributions	
$\geq$	MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUNE	)	1	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt	
	Mailing Address 10544 Smoke Roac	M M / D D / Y Y Y Y 11 30 2007			
	City	State Zip Code	9	Transaction ID: SA11AI.8180	
	Pataskala	OH 43062		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 360.00		
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		<u> </u>	Date of Receipt	
	Mailing Address 10544 Smoke Roac	M M / D D / Y Y Y Y 12 14 2007			
	City	State Zip Code	9	Transaction ID: SA11AI.8257	
	Pataskala	OH 43062		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	0	15.00 Payroll deduction of \$15	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	_	per pay	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	<b>3</b> 75.00		
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt	
	Mailing Address 10544 Smoke Roac			M M / D D / Y Y Y Y 12 22 2007	
	City Pataskala	State Zip Code OH 43062	9	Transaction ID: SA11AI.8325	
	FEC ID number of contributing federal political committee.	C	0 0	Amount of Each Receipt this Period	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		Payroll deduction of \$15 per pay	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 390.00		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 51 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Daniel L. Crawford		Date of Receipt
Mailing Address 6323 Cook Road		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.7450
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$25 per pay
Company Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) B. Daniel L. Crawford		Date of Receipt
Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 07 27 2007
City	State Zip Code	Transaction ID: SA11AI.7518
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 08 10 2007
City	State Zip Code	Transaction ID: SA11AI.7589
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (option	nal)	75.00
	mber only)	

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliding contributions from such committee.         NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         A.       Date of Receipt         Date of Receipt         Otig       23.00         Pay information contributing         federal pointed committee.         Date of Receipt         Object       25.00         Pay of Context response of contributing         federal pointed committee.       0         Pay of Context response       0         Other (specify)       General         Other (specify)       State         Zip Code       Pay of Context response         Primary       General         Other (specify)       State         Zip Code       Pay of Context response         Mailing Address       6323 Cook Road         B.       Date of Receipt         Mailing Address       6323 Cook Road         FEC ID number of contributing       C         receipt for:       Aggregate Year-to-Date         Powell       OH       43065         Primary       General         Other (specify)       Aggregate Year-to-Date <th></th> <th>SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS</th> <th></th> <th>Use separate schedule(s) for each category of the Detailed Summary Page</th> <th>FOR LINE NUMBER:         PAGE 52 / 263           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17</th>		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 52 / 263           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
A.       Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         A.       Mailing Address       6323 Cook Road         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       Occupation         Primary       General       Occupation         OH 43065       OH       425.00         Primary       General       425.00         B.       Date of Receipt Other (specify) ▼       Date of Receipt (specify) ▼         B.       Date of Receipt Other (specify) ▼       Date of Receipt (specify) ▼         City       State       Zip Code         Payroll deduction of \$25       Payroll deduction of \$25         Powell       OH       43065         FEC ID number of contributing federal political committee.       C         Powell       OH       43065         FEC ID number of contributing federal political committee.       C         Powell       OH       43065         FEC ID number of contributing federal political committee.       Occupation         Name of Employer Motorists Multial Insurance Occupation       Aggregate Year-to-Date ▼         Other (specify) ▼       State       Zip Code		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
A.       Dariel L Crawtod       Date of Receipt         Mailing Address       6323 Cook Road       Date of Receipt         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing tederal political committee.       C       Anount of Each Receipt His Period         Marener of Exployer       Occupation Vice President       Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Full Name (Last, First, Middle Initial) Dariet L Crawtord       Date of Receipt       Date of Receipt         Maing Address       6323 Cook Road       Other (specify) ▼       Date of Receipt       Date of Receipt         City       State       Zip Code       Date of Receipt       Date of Receipt         Maing Address       6323 Cook Road       Other (specify) ▼       Date of Receipt       Date of Receipt         Maing Address       6323 Cook Road       C       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer       Occupation Vice President       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Name of Employer       Aggregate Year-to-Date ▼       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer       OH       43065       Payroll deduction of \$25       Payroll dedu			COMPANY CI	VIC FUND	
City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL.7656         Memore of Employer Motorists Mulual insurance Company       Occupation Vice President       Payroll deduction of \$25         B.       Daniel L. Crawford       Aggregate Year-to-Date       ✓         Daniel L. Crawford       OH       43065         Mailing Address       6323 Cook Road       ✓         City       State       Zip Code         Powell       OH       43065         FCL ID number of contributing federal political committee.       C       Transaction ID: SA11AL.7721         Amount of Each Receipt for:       Occupation       Y 0 0 7       Y 2 0 0 7         Payroll deduction of \$25       Occupation       Y 0 0 7       Y 2 0 0 7         Transaction ID: SA11AL.7721       Aggregate Year-to-Date       ✓       Payroll deduction of \$25         Powell       OH       43065       Fet ID number of contributing federal political committee.       C       Payroll deduction of \$25         Mailing Address       6323 Cook Road       Vice President       Date of Receipt       Payroll deduction of \$25         City       Daneral       OH       43065	∠ A.				Date of Receipt
Powell       OH       43065         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         B.       Full Name (Last, First, Middle Initial)       Date of Receipt in 0 S / 0 7 / 2 0 0.7       Date of Receipt in 0 S / 0 7 / 2 0 0.7         B.       Full Name (Last, First, Middle Initial)       Date of Receipt in 0 S / 0 7 / 2 0 0.7       Transaction ID: SA11AL7721         Powell       OH 43065       Aggregate Year-to-Date ▼       Amount of Each Receipt in 0 S / 0 7 / 2 0 0.7         FEC ID number of contributing federal political committee.       C       Period         Powell       OH 43065       Payroll deduction of \$25         C.       Dariet for: Onter (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Payroll deduction of \$25       Occupation Vice President       Date of Receipt         Mailing Address       6323 Cook Road       Image 2 polical committee.         Dariet I Crawford       Aggregate Year-to-Date ▼       Date of Receipt in 0 S / 2 0 0.7         Transaction ID: SA11AL.7790       Aggregate Year-to-Date ▼       Payroll deduction of \$25         City       Date of Receipt in Pariod       S 0.0         FEC ID number of c		Mailing Address 6323 Cook Road			
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mulual Insurance Company       Occupation Vice President       Payroll deduction of \$25         B.       Daried L. Crawford Mailing Address       6323 Cook Road       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AL.7721         Powell       OH       43065       Agregate Year-to-Date ▼         Motorists Mulual Insurance Company       C       C       Payroll deduction of \$25         Receipt For:       Occupation Vice President       Payroll deduction of \$25         Motorists Mulual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25         C.       End Payleyer Motorists Mulual Insurance Company       Occupation Vice President       Payroll deduction of \$25         City       State       Zip Code       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25       Payroll deduction of \$25         City       General       Occupation Vice President       Payroll deduction of \$25         Payroll deduction of contributing federa political committee       C				Zip Code	Transaction ID: SA11AI.7656
federal political committee.       C         Marne of Employer Moriorist Mutual Insurance Company Receipt For:       Occupation Vice President         Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         B.       Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         Powell       OtH       43065         FEC: ID number of contributing federal political committee.       C         Maining Address       6323 Cook Road         City       State       Zip Code         Powell       OH       43065         FEC: ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Receipt for:       Occupation Vice President       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Powell       OH       43065       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Other (specify) ▼       450.00       Payroll deduction of \$25       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Daniel L. Crawford       Aggregate Year-to-Date ▼		Powell	OH	43065	Amount of Each Receipt this Period
Watter Or Entropyet       Occupation       per pay         Watter Or Entropyet       Vice President       per pay         Primary       General       Aggregate Year-to-Date ▼       per pay         B.       Daniel L. Crawford       Date of Receipt       Date of Receipt         Mailing Address       6323 Cook Road       Dift (specify) ▼       Date of Receipt         City       State       Zip Code       Powell       OH         Per pay       OCcupation       Vice President       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Vice President         Maining Address       6323 Cook Road       Occupation       Payroll deduction of \$25         Maining Address       6323 Cook Road       Occupation       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Maining Address       6323 Cook Road       C       Transaction ID: SA11Al.7790         Powell       OH       43065       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Daniel L. Crawford       Mailing Address       6323 Cook Road       Payroll deduction of \$25			C		
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         B.       Daniel L. Crawtord         Mailing Address       6323 Cook Road         City       State         Powell       OH         OH       43065         FEC ID number of contributing federal political committee.       C         Mare of Employer Motoriss Mutual Insurance Company.       Occupation Vice President         Aggregate Year-to-Date       ▼         Primary       General Other (specify)       Occupation Vice President         Aggregate Year-to-Date       ▼         Primary       General Other (specify)       Obte of Receipt         C.       Full Name (Last, First, Middle Initial) Daniel L. Crawtord       Date of Receipt         Mailing Address       6323 Cook Road       Transaction ID: SA11AL 7790         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C         Mailing Address       6323 Cook Road       Mailing Adress         City       State       Zip Code         Powell       OH       43065         FEC ID numbe		Name of Employer Motorists Mutual Insurance Company		dent	Payroll deduction of \$25 per pay
Other (specify) ◆       425.00         B.       Daniel L. Crawford         Mailing Address       6323 Cook Road         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7721         Amount of Each Receipt this Period       25.00         Payroll deduction of \$25       Payroll deduction of \$25         Primary       General Other (specify) ◆       0 g / 2			Aggregate Y	'ear-to-Date ▼	
B.       Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road       0 0 7 / 2 0 0.7         City       State       Zip Code         Powell       OH 43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       0 0 7 / 2 0 0.7       Transaction ID: SA11AI.7721         Name of Employer       Occupation       Vice President       Amount of Each Receipt this Period         Primary       General       Occupation       Vice President         Other (specify) ▼       450.00       Date of Receipt         C.       Daniel L. Crawford       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       6323 Cook Road       0 9 / 2 1 / 2 0 0.7       Transaction ID: SA11AI.7790         C.       Daniel L. Crawford       Date of Receipt       0 9 / 2 1 / 2 0 0.7       Transaction ID: SA11AI.7790         Mailing Address       6323 Cook Road       0 9 / 2 1 / 2 0 0.7       Transaction ID: SA11AI.7790         Mailing Address       6323 Cook Road       0 9 / 2 1 / 2 0 0.7       Transaction ID: SA11AI.7790         Moorists Multual Insurance       Occupation       Vice President       Amount of Each Receipt this Period         Maining Address       0 9 / 2 1 / 2 0 0.7       7       7				425.00	]
City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7721         Mame of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         C.       Daniel L. Crawford       Date of Receipt       Date of Receipt         Mailing Address       6323 Cook Road       Date of Receipt       Transaction ID: SA11AI.7790         City       State       Zip Code       Transaction ID: SA11AI.7790         Powell       OH       43065       Amount of Each Receipt         City       State       Zip Code       Transaction ID: SA11AI.7790         Powell       OH       43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7790         Aggregate Year-to-Date       ▼       25.00       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Receipt For:       Primary       General       Occupation Vice President       Payroll ded	- В.	· · · · /			Date of Receipt
Powell       OH       43065       Initiation of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Insurance Company.       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Primary       General       450.00         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt       21 / 2007         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       0 / 20 / 2007         Daniel L. Crawford       OH       43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25 per pay         Powell       OH       43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25 per pay         Name of Employer Motorists Mutual Insurance Company.       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25 per pay		Mailing Address 6323 Cook Road			
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road       Mailing Address         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Primary       General       Occupation Vice President       Payroll deduction of \$25		City	State	Zip Code	Transaction ID: SA11AI.7721
federal political committee.       C       23.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road       Date of Receipt         City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date ▼       Payroll deduction of \$25		Powell	OH	43065	Amount of Each Receipt this Period
Marte of Employer Company       Occupation Vice President       per pay         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         C.       Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road       Date of Receipt         City       State       Zip Code OH       43065         FEC ID number of contributing federal political committee.       C       C         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date ▼       Transaction of \$25			C		
Primary       General         Other (specify)       Image: Constraint of the specify of the specific of the specifi		Motorists Mutuál Insurance		dent	
C.       Full Name (Last, First, Middle Initial) Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road			Aggregate Y		1
C.       Daniel L. Crawford       Date of Receipt         Mailing Address       6323 Cook Road       M M M / D D / 21 / 2007         City       State       Zip Code         Powell       OH 43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25 per pay         Primary       General       Aggregate Year-to-Date ▼       475.00		Other (specify)		450.00	
City       State       Zip Code         Powell       OH       43065         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼	с. –		•		Date of Receipt
City       State       Zip Code       Transaction ID: SA11AI.7790         Powell       OH       43065       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       475.00		Mailing Address 6323 Cook Road			M M / D D / Y Y Y Y 09 21 2007
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       475.00					
federal political committee.       C       23.00         Name of Employer Motorists Mutual Insurance Company       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date       ▼         Primary       General       475.00			OH	43065	Amount of Each Receipt this Period
Name of Employer     Occupation     per pay       Motorists Mutual Insurance     Vice President     per pay       Company     Aggregate Year-to-Date ▼     475.00			C		
Receipt For:     Aggregate Year-to-Date ▼       Primary     General				dent	
475.00		Receipt For:	Aggregate Y	'ear-to-Date ▼	
				475.00	]
SUBTOTAL of Receipts This Page (optional)	ſ	SUBTOTAL of Receipts This Page (optional)	I		75.00
TOTAL This Period (last page this line number only)	ŀ				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	
K	or for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political corr	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
	Mailing Address 6323 Cook Road		10 <sup> D D</sup> / Y Y Y 12007
	City	State Zip Code	Transaction ID: SA11AI.7880
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500	0.00
- В.	Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
	Mailing Address 6323 Cook Road	M M / D D / Y Y Y Y 10 19 2007	
	City	State Zip Code	Transaction ID: SA11AI.7949
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	525	5.00
- C.	Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
	Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 1 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8033
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	550	0.00
ſ	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 54 / 263         (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
	Mailing Address 6323 Cook Road		11 16 Y Y Y Y 111 16
	City	State Zip Code	Transaction ID: SA11AI.8111
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	575.00	]
- В.	Full Name (Last, First, Middle Initial) Daniel L. Crawford	I	Date of Receipt
	Mailing Address 6323 Cook Road	M M / D D / Y Y Y Y 11 1 30 2007	
	City	State Zip Code	Transaction ID: SA11AI.8182
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	600.00	
с. –	Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
	Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8259
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	625.00	
Γ	SUBTOTAL of Receipts This Page (optional)		75.00
	TOTAL This Period (last page this line number	<b>·</b>	

SCHEDULE A (FEC Form 3	<b>BX)</b> Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 263
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	
Any information copied from such Reports or for commercial purposes, other than using the second se	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURAN	NCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
Mailing Address 6323 Cook Road		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.8327
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$25 per pay
Company Receipt For:	Aggregate Year-to-Date V	-
Primary General		
Other (specify)	650.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
Mailing Address 53 Nottingham Re	bad	07 13 2007
City	State Zip Code	Transaction ID: SA11AI.7451
<u>Columbus</u>	OH 43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
Mailing Address 53 Nottingham Re	bad	07 27 2007
City	State Zip Code	Transaction ID: SA11AI.7519
Columbus	OH 43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	225.00	
SUBTOTAL of Descists This Desc (with		55.00
	nal)	
TOTAL This Period (last page this line nu	Imber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 56 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		08 10 / Y Y Y Y 08 2007
	City	State Zip Code	Transaction ID: SA11AI.7590
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	240.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road	0 8 / D D / Y Y Y Y 0 8 2 4 2 0 0 7	
	City	State Zip Code	Transaction ID: SA11AI.7657
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	255.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7722
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	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 57 / 263         (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		0 9 2 1 Y Y Y Y 0 9 2 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7791
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	285.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		10 <sup>//</sup> 05 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7881
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	300.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7950
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	315.00	
	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 58 / 263         (check only one)       11a         X       11a       11b       11c       12         I       13       14       15       16       17			
	Any information copied from such Reports and Si or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY C	IVIC FUND				
A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt			
	Mailing Address 53 Nottingham Road			1 1 0 2 Y Y Y Y 1 1 1 0 2 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11AI.8034			
	Columbus	OH	43214	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.	Ρ.	Payroll deduction of \$15 per pay			
	Receipt For: Primary General	Aggregate Y	Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	330.00				
в.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt			
	Mailing Address 53 Nottingham Road			M M / D D / Y Y Y Y 111 16 2007			
	City	State	Zip Code	Transaction ID: SA11AI.8112			
	Columbus	OH	43214	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		Payroll deduction of \$15			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.		per pay			
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	345.00				
с.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt			
	Mailing Address 53 Nottingham Road			M M / D D / Y Y Y Y 1 1 3 0 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11AI.8183			
	Columbus	OH	43214	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V.	Ρ.	Payroll deduction of \$15 per pay			
	Receipt For: Primary General	Aggregate	Year-to-Date	-			
	Other (specify)	0 0	360.00				
	SUBTOTAL of Receipts This Page (optional)			45.00			
	TOTAL This Period (last page this line number of	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 59 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
	Mailing Address 53 Nottingham Road	1 2 / D D / Y Y Y Y 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.8260
	Columbus FEC ID number of contributing federal political committee.	OH C	43214	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
– В.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road			Date of Receipt
	City			
	<u>Columbus</u>	State OH	Zip Code 43214	Transaction ID: SA11AI.8328 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V	/. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 390.00	
– C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 5922 Coventry Lake Dr	M M / D D / Y Y Y Y 07 13 2007		
	City	State	Zip Code	Transaction ID: SA11AI.7452
	Hilliard FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			55.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 60 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	Drive	07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7520
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	325.00	]
- В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	08 10 Y Y Y Y 08 10 2007	
	City	State Zip Code	Transaction ID: SA11AI.7591
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	Drive	M M / D D / Y Y Y Y 0 8 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7658
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	375.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· ······	75.00
ľ	TOTAL This Period (last page this line number	r only)	

TEEMIZED RECEIPTS       Interpretende Summary Page       Interpr		SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 263 (check only one)
Ary Information capaditions cach Rapots and Statements may not be sold or used by any person for the surpose of sold-ling contributions from such committee.       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         A.       Full Name (Last, First, Middle Initial)       Date of Receipt         Dougles L. Dockon       OP       43025         PEC DD number of contributing feedral policy       OP       43025         PEC DD number of contributing feedral policy       Opcouption       Vice President         Primary       Opcouption       Opcouption       Opcouption         Primary       General       Opcouption       Opcouption         Maing Address 5922 Coventry Lake Drive       Opcouption       Vice President       Payroll deduction of \$25         Primary       General       Opcouption       Vice President       Payroll deduction of \$25         Primary       General       Opcouption       Vice President       Payroll deduction of \$25         Primary       General       Opcouption       Vice President       Payroll deduction of \$25         Primary       General       Opcouption       Vice President       Payroll deduction of \$25         Payroll deduction of \$25,00       Payroll deduction of \$25,00       Payroll deduction of \$25,00       Payroll ded		TEMIZED RECEIPTS			X 11a 11b 11c 12
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         Douglast_Doctor         Maing Address         Spit         Primary         General         Ouglast_Doctor         Primary         City         State         Zip Code         Transaction ID: SA11AL7723         Amount of Each Receipt Ibs Period         Period         Party         Mater of contributing         C         Mater of Engloper         Motor State         Opper For:         Primary         General         OH         43026         Full Name (Last, First, Middle Initial)         Douglast_Doctributing         feet:       Date of Receipt         Name (Last, First, Middle Initial)         Douglast_Doctributing         feet:       Onumber of contributing         feet:       Douglast_Doctributing <th></th> <th>Any information copied from such Reports and S or for commercial purposes, other than using the</th> <th>Statements may e name and addr</th> <th>not be sold or used by any perso ress of any political committee to</th> <th>on for the purpose of soliciting contributions</th>		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
A.       Douglast_Douglas			COMPANY C	IVIC FUND	
City     State     Zip Code       City     State     Zip Code       Hillard     OH     43226       FEC ID number of contributing     C     Amount of Each Receipt       Marrie of Employer     Occupation       Workers Mulual ins. Com- part     Occupation       Vice President     Aggregate Year-to-Date       Deliver (specify) ▼     400.00       B.     Cult Name (Last, First, Middle Initial)       Dougles L. Dodson     Occupation       Maining Address     5922 Coventry Lake Drive       Maine of Employer     Occupation       Maining Address     5922 Coventry Lake Drive       Maine (Last, First, Middle Initial)     Dougles L. Dodson       Marrie of Employer     Aggregate Year-to-Date ▼       Maine (Last, First, Middle Initial)     Occupation       Marrie of Employer     Aggregate Year-to-Date ▼       Maine (Last, First, Middle Initial)     Occupation       Dougles L. Dodson     Aggregate Year-to-Date ▼       Maine (Last, First, Middle Initial)     Occupation       Dougles L. Dodson     Aggregate Year-to-Date ▼       Maine (Last, First, Middle Initial)     Occupation       Dougles L. Dodson     Aggregate Year-to-Date ▼       Maine (Last, First, Middle Initial)     C       Dougles L. Dodson     Aggregate Year-to-Date ▼   <	۷ A.				Date of Receipt
Hilliard       OH       43026         FEC ID number of contributing federal policial committee.       C       Amount of Each Receipt this Period         Name of Employer Microsis Mutual Ins. Con- program       Occupation Vice President December For: Occupation       Occupation Vice President Magregate Year-to-Date ▼       Payroll deduction of \$25         B.       Douglas L. Dodson       Date of Receipt       X ≤ 0 .0.7         City       State       Zip Code         Hilliard       OH       43026         PEC ID number of contributing federal policial committee.       C       X ≤ 0 .0.7         City       State       Zip Code         Hilliard       OH       43026         PEC ID number of contributing federal policial committee.       C         Primary       General       Occupation Vice President         Mailing Address       5922 Coventry Lake Drive       Occupation Vice President         Primary       General       Occupation Vice President       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       I       10 for ( 50 f) ( 2 0 0.7)         City       State       Zip Code       Y       10 for ( 5 f) ( 2 0 0.7)         Transaction ID: SA11AL7882       Amount of Each Receipt       10 for ( 5 f) ( 2 0 0.7)         Transaction		Mailing Address 5922 Coventry Lake D	Drive		
FEC ID number of contributing rederal political committies.       C       25.00         Name of Engloyer Pary and these Com- pary Pary and these Com- pary Provide Comparison (in the specify) ◆       Occupation Vice President Aggregate Year-to-Date ▼       Paryoll deduction of \$25         B.       Douglas L. Docison Mailing Address 5922 Coventry Lake Drive City       Date of Receipt 0 Other (specify) ◆       Date of Receipt 0 0 9 / 2 1 / 2 0 0.7         R.       Date of contributing rederal political committee.       C       Transaction ID: SA11AL7792 Amount of Each Receipt the Period         Paryoll deduction of \$25       Occupation 9 0 / 2 1 / 2 0 0.7       Transaction ID: SA11AL7792 Amount of Each Receipt the Period         Paryoll deduction of \$25.00       Paryoll deduction of \$25.00       Paryoll deduction of \$25.00         Name of Employer Matring Address 5922 Coventry Lake Drive       Occupation Vice President       Paryoll deduction of \$25         Name of Employer Matring Address 5922 Coventry Lake Drive       Occupation Vice President       Paryoll deduction of \$25         C.       Full Name (Last, First, Middle Initial) Douglas L. Docison       Date of Receipt the Period       Paryoll deduction of \$25.00         Paryoll deduction of \$25.00       Paryoll deduction of \$25.00       Paryoll deduction of \$25.00       Paryoll deduction of \$25.00         Paryoll deduction of \$25.00       Paryoll deduction of \$25.00       Paryoll deduction of \$25.00       Paryoll deduction of \$25.00 <th></th> <th>-</th> <th></th> <th>Zip Code</th> <th>Transaction ID: SA11AI.7723</th>		-		Zip Code	Transaction ID: SA11AI.7723
federal political committee.       25.00         Name of Employer Motorists Mulual Ins. Com- Party       Occupation Vice President         Primary       General Other (specify) ▼       Agregate Year-to-Date ▼         Primary       General Other (specify) ▼       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Dougles L. Dottion       Mailing Address       5922 Coventry Lake Drive       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.7792         Hilliard       OH       43026       Parroll deduction of \$25         Primary       General       OC       Parroll deduction of \$25         Primary       General       OE       Parroll deduction of \$25         Primary       General       OE       Parroll deduction of \$25         Parroll deduction of secontributing       C       Parroll deduction of \$25         Parroll deduction of \$25       Parroll deduction of \$25       Parroll deduction of \$25         Parroll deduction of secontributing       Qargeaget Year-to-Date ▼       Parroll deduction of \$25         Primary       General       Occupation       Parroll deduction of \$25         Parroll deduction of contributing       C       Parroll deduction of \$25         P		Hilliard	OH	43026	Amount of Each Receipt this Period
Weiter Building Loodson       Occupation       Persident         Partial Ins. Con- party       Agregate Year-to-Date       Image: Con- party       Persident         B.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Ditter (specify) ▼       State       Zip Code       Transaction ID: SA11AI.7792         Hilliard       OH       43026       Agregate Year-to-Date       Parvoll deduction of \$25.00         Name of Employer       Occupation       Vice President       Per pay         Mailing Address       5922 Coventry Lake Drive       Parvoll deduction of \$25.00       Parvoll deduction of \$25.00         Name of Employer       Occupation       Vice President       Per pay         Mailing Address       5922 Coventry Lake Drive       Parvoll deduction of \$25         Name of Employer       Oner (specify) ▼       Aggregate Year-to-Date ▼       Per pay         Douglas L Dodasn       Date of Receipt       Parvoll deduction of \$25         C.       Full Name (Last, First, Middle Initial)       Douglas L Dodasn       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       Parvoll deduction of \$25       Per pay         C.       Full Name (Last, First, Middle Initial)       Douglas L Dodasn       Parvoll deduction of \$25       Parvoll			C		
Aggregate Year-to-Date       ▲         Primary       General         Other (specify)       400.00         B.       Douglas L Dockon         Mailing Address       5922 Coventry Lake Drive         City       State         PEC ID number of contributing       C         Receipt For:       Occupation         Primary       General         Other (specify) ▼       C         Aggregate Year-to-Date       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25         Primary       General         Other (specify) ▼       425.00         Primary       General         Other (specify) ▼       425.00         Payroll deduction of \$25       Payroll deduction of \$25         Primary       General         Other (specify) ▼       425.00         C.       Full Name (Last, First, Middle Initial)         Douglas L Dockon       Date of Receipt         Mailing Address       5922 Coventry Lake Drive         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing       C       Payroll deduction of \$25         Mount of Each Receipt Ithis Perio		Name of Employer Motorists Mutual Ins. Com-			
Primary       General         Other (specify)       400.00         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Date of Receipt       01         Gity       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer       Occupation       Payroll deduction of \$25         Primary       General       OCcupation         Other (specify)       General       422.00         Primary       General       Occupation         Primary       General       Occupation         Primary       General       Occupation         Other (specify)       General       Occupation         Other (specify)       General       Occupation         Mailing Address       5922 Coventry Lake Drive       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.7882         Amount of Each Receipt this Period       Transaction ID: SA11AI.7882       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Payroll deduction of \$25         Motorists Mitual Ins. Compa			1		_
B.       Full Name (Last, First, Middle Initial)         Douglas L. Dodson       Date of Receipt         Mailing Address       5922 Coventry Lake Drive         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       Occupation         Name of Employer Motorists Mutual Ins. Com- pany       Occupation         Name of Employer Motorists Mutual Ins. Com- pany       Aggregate Year-to-Date ▼         C.       Douglas L. Dodson         Mailing Address       5922 Coventry Lake Drive         City       State         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       C         Mailing Address       5922 Coventry Lake Drive         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President         Name of Employer Motorists Mutual Ins. Com- pany       C         Name of Employer Motorists Mutual Ins. Com- pany       C         Name of Employer Motorists Mutu			Ayyreyale		1
B.       Douglas L. Dodson       Date of Receipt         Mailing Address 5922 Coventry Lake Drive       Image: State Zip Code Hilling       Image: State Zip Code Hilling         City       State Zip Code OH 43026       Transaction ID: SA11A1.7792         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt His Period         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Name of Employer General Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         C.       Douglas L. Dodson       Maiing Address 5922 Coventry Lake Drive       Date of Receipt         City       State Zip Code       Milling Address 5922 Coventry Lake Drive       Date of Receipt         City       State Zip Code       Maiing Address 5922 Coventry Lake Drive       Date of Receipt         City       State Zip Code       Milling Address 5922 Coventry Lake Drive       Date of Receipt His Period         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Name of Employer Committee.       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Name of Employer Motorists Mutual Ins. Com- pany		Other (specify) ▼	0 0	400.00	
City       State       Zip Code         Hilliard       OH       43026         FEC: D number of contributing federal political committee.       C       Parsoction ID: SA11AL.7792         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Douglas L. Dodson       Aggregate Year-to-Date ▼       Transaction ID: SA11AL.7792         C.       Douglas L. Dodson       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Mailing Address 5922 Coventry Lake Drive       C       Transaction ID: SA11AL.7882         Amount of Each Receipt for:       Aggregate Year-to-Date ▼       Transaction ID: SA11AL.7882         Hilliard       OH       43026       Transaction ID: SA11AL.7882         Amount of Each Receipt for:       Occupation       Vice President         Maining Address 5922 Coventry Lake Drive       C       Transaction ID: SA11AL.7882         Amount of Each Receipt for:       Occupation       Y Y Y Y Y Z O Y Y         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Maine of Encloyer Motorists Mutual Ins. Com- pany       Aggregate Year to-Date ▼       Payroll deduction of \$25         SUBTOTAL of R	- В.				Date of Receipt
City       State       Zip Code       Transaction ID: SA11AI.7792         Hilliard       OH       43026       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Mame of Employer Motorists Mutual Ins. Com- many Primary       Occupation Vice President       Payroll deduction of \$25         Paint Chart       Aggregate Year-to-Date ▼       Payroll deduction of \$25         C.       Full Name (Last, First, Middle Initial) Douglas L. Dodson       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       Transaction ID: SA11AI.7882         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C         Name of Employer Maining Mutual Ins. Com- many       Occupation Vice President Maining Address       Sate of Receipt         Name of Employer Maining Mutual Ins. Com- many       Occupation Vice President Maining Adgregate Year-to-Date ▼       Payroll deduction of \$25         SubtrotAL of Receipts This Page (optional)       Aggregate Year-to-Date ▼       Transaction of \$25		Mailing Address 5922 Coventry Lake D	Drive		
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Ins. Com- pany Primary       Occupation Vice President       Payroll deduction of \$25         Aggregate Year-to-Date       ✓         Primary       General Other (specify) ✓       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       Mailing Address         Ctiv       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)       450.00       75.00		City	State	Zip Code	
federal political committee.       C         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President         Aggregate Year-to-Date       ✓         Primary       General Other (specify) ▼       Aggregate Year-to-Date       ✓         C.       Full Name (Last, First, Middle Initial) Douglas L. Dodson       Date of Receipt         Mailing Address       5922 Coventry Lake Drive       ✓       ✓         City       State       Zip Code       Transaction ID: SA11AI.7882         Hilliard       OH       43026       Per pay         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$25         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)       450.00        75.00		Hilliard	OH	43026	Amount of Each Receipt this Period
Methe 0 Employer Motorists Multual ins. Com- pany Occupation Vice President   Receipt For: Douglas L. Dodson Aggregate Year-to-Date ▼ 425.00   Full Name (Last, First, Middle Initial) Douglas L. Dodson Date of Receipt   Mailing Address 5922 Coventry Lake Drive Date of Receipt   City State   Hilliard OH   43026 Amount of Each Receipt this Period   FEC ID number of contributing federal political committee. C   Name of Employer Motorists Multual Ins. Com- pany Occupation Vice President   Name of Employer Motorists Multual Ins. Com- pany Occupation Vice President   Name of Employer Primary General General   Other (specify) ▼ Aggregate Year-to-Date ▼ 10000   SubtrotAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1000000000000000000000000000000000000			C		
Bacejot For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       425.00         C.       Douglas L. Dodson         Mailing Address       5922 Coventry Lake Drive         City       State         Hilliard       OH         Primary       General         Other (specify)       C         Transaction ID: SA11AL.7882         Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Company         Receipt For:         Primary         General         Other (specify) ▼         Subtrottal of Receipts This Page (optional)		Motorists Mutuál Ins. Com-			
Other (specify) ▼       425.00         Full Name (Last, First, Middle Initial)       Douglas L. Dodson         Mailing Address 5922 Coventry Lake Drive       Date of Receipt         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7882         Name of Employer       Occupation       Vice President         Name of Employer       Occupation       Vice President         Aggregate Year-to-Date       ▼       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)       450.00       75.00			1	_	
C.       Douglas L. Dodson         Mailing Address       5922 Coventry Lake Drive         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing tederal political committee.       C       Transaction ID: SA11AI.7882         Name of Employer Motorists Mutual Ins. Company       Occupation Vice President       Payroll deduction of \$25         Primary       General       Aggregate Year-to-Date ▼       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)				425.00	]
Mailing Address       5922 Coventry Lake Drive         City       State       Zip Code         Hilliard       OH       43026         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7882         Name of Employer Motorists Mutual Ins. Company       Occupation       Vice President         Aggregate Year-to-Date       ✓       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)       ✓       75.00	- C				Date of Receipt
City       State       Zip Code       Transaction ID: SA11AI.7882         Hilliard       OH       43026       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Ins. Company       Occupation Vice President       Payroll deduction of \$25         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         SUBTOTAL of Receipts This Page (optional)	0.		Drive		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Ins. Company       Occupation Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       450.00       Payroll deduction of \$25         Other (specify) ▼       450.00       75.00		-		Zip Code	
federal political committee.       2.3.00         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Vice President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       450.00         SUBTOTAL of Receipts This Page (optional)       75.00		Hilliard	OH	43026	Amount of Each Receipt this Period
Name of Employer     Occupation     per pay       Motorists Mutual Ins. Com- pany     Vice President       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     450.00			C		
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       450.00         SUBTOTAL of Receipts This Page (optional)       75.00					
Other (specify) ▼       450.00         SUBTOTAL of Receipts This Page (optional)       75.00			- I - I		_
			0 0	450.00	]
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TOTAL This Period (last page this line number only)	ŀ				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 62 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake D	rive	Date of Receipt
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.7951 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	]
В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake D	rive	Date of Receipt
	City	State Zip Code	1 1 0 2 2 0 0 7 Transaction ID: SA11AI.8035
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
С.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.8113
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Vice President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	]
	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 63 / 263         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	M M / D D / Y Y Y Y 111 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8184
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	550.00	]
В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	I	Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8261
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	575.00	
с.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	I	Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8329
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	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 64 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		07 13 Y Y Y Y 007
	City	State Zip Code	Transaction ID: SA11AI.7453
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	210.00	
в.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		07 / <sup>D</sup> D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7521
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	225.00	
с.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		0 8 / D D / Y Y Y Y 0 8 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7592
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	240.00	
	SUBTOTAL of Receipts This Page (optional)	······	45.00
	TOTAL This Period (last page this line number	only)	

ITEMIZED RECEIPTS       for each category of the Dataled Summary Page       Item 11b line line line line line line line line		SCHEDULE A (FEC Form 3X)	Use separate sched	FOR LINE NUMBER: PAGE 65 / 263
Any information copied from such Reports and Statements may not be sold or used by any parent of the humpose of soliciting contributions from such committee.       13       14       15       16       17         Any information copied from such Reports and Statements may not be sold or used by any parent of the humpose of soliciting contributions from such committee.       NAME of COMMITTEE (In Full)       NAME of COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND       Full Name (Last, First, Middle Initial)       Date of Receipt       0       24       20.07         A.       Medinad Address 8857 Chateau Drive       City       State       2p Code       Transaction ID: SA 11A1.7659         Anount of Engloyer       Occupation       Assist: V. P.       Aggregate Year-to-Date       Payroll deduction of \$15         Moling Address       8857 Chateau Drive       Occupation       Assist: V. P.       Payroll deduction of \$15         B.       Multing Address       8857 Chateau Drive       City       State       Zip Code       Transaction ID: SA11A1.7724         Anount of Engloyer       Occupation       Aggregate Year-to-Date       Transaction ID: SA11A1.7724       Anount of Engloyer       Transaction ID: SA11A1.7724         Receipt For:       Option (specify) ▼       State       Zip Code       Transaction ID: SA11A1.7724       Anount of Engloyer         Multing Address 8857 Ch		ITEMIZED RECEIPTS	for each category of	
NAME OF COMMITTEE (In Full)       MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         A.       Methael D. Finch         Mailing Address       8857 Chateau Drive         City       State         Pickerington       OH         A.       FEC ID number of contributing tederal political committice.         Pickerington       OH         A.       More (Last, First, Middle Initial)         More (See First, Middle Initial)       Occupation         More (See First, Middle Initial)       Aggregate Year-to-Date ▼         Pickerington       OH         Assist, V. P.       Aggregate Year-to-Date ▼         Pickerington       OH         Mailing Address       8857 Chateau Drive         City       State         Pickerington       OH         Mailing Address       8857 Chateau Drive         City       State         Pickerington       OH         Mailing Address       8857 Chateau Drive         City       State         Pickerington       OH         Mailing Address       8857 Chateau Drive         City       State         Pickerington       OH         Pickerington       OH         Pickerington       OH	[	Any information copied from such Reports and Si	atements may not be sold or used by	any person for the purpose of soliciting contributions
A.       Full Name (Last, First, Middle Initial)         Maiing Address       8857 Chateau Drive         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt mis Period         Norme of Enployer       Occupation Assist. V. P.       Apgregate Year-to-Date       Payroll deduction of \$15         B.       Full Name (Last, First, Middle Initial)       Apgregate Year-to-Date       Transaction ID: SA11Al.7724         Moment Stating Address       8857 Chateau Drive       Occupation Assist. V. P.       Payroll deduction of \$15         B.       Full Name (Last, First, Middle Initial)       Michael D. Finch       Date of Receipt         Methene D. Finch       Occupation Aggregate Year-to-Date       Transaction ID: SA11Al.7724         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Methene D. Finch       Occupation Assist. V. P.       Payroll deduction of \$15         Pinnary       General       Occupation Assist. V. P.       Payroll deduction of \$15         Pinnary       General       Opgregate Year-to-Date       Transaction ID: SA11Al.7724         Amount of Each Receipt Internation ID: Appregate Year-to-Date       Transaction ID: SA11Al.7724         Amount of Enpl			name and address of any political cor	nmittee to solicit contributions from such committee.
A.       Methad D. Firch       Date of Receipt         Mailing Address       8857 Chateau Drive       0         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11A1.7659         Name of Employer Motoristis Mutual Ins. Com- pany.       Aggregate Year-to-Date       Payroll deduction of \$15         B.       Full Name (Last, First, Middle Initial) Methad D. Firsh       Date of Receipt         Methad D. Finch       Aggregate Year-to-Date       Transaction ID: SA11A1.724         B.       Full Name (Last, First, Middle Initial) Methad D. Firsh       Date of Receipt         Methad D. Finch       Occupation Assist. V. P. Aggregate Year-to-Date       Transaction ID: SA11A1.724         Receipt For: Pany. Receipt For: Pany. Receipt For: Pany. Receipt For: Pany. Receipt For: Primary Cleneral Other (specify) ↓       Occupation Aggregate Year-to-Date ↓       Date of Receipt         C.       Methad D. Firsh, Middle Initial) Methad D. Firsh Middle Initial) Methad D. Firsh, Middle Initial) Methad D. Fir			OMPANY CIVIC FUND	
City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal policial committee.       C       Transaction ID: SA11AL.7559         Name of Employer Metorists Mutual Ins. Com- party       C       Transaction ID: SA11AL.7559         Name of Employer Metorists Mutual Ins. Com- party       Occupation Assist. V. P.       Payroll deduction of \$15         B.       Michael D. Finch       Date of Receipt       Date of Receipt         Mailing Address       8857 Chateau Drive       0       0         City       State       Zip Code       0         Pickerington       OH       43147       FEC ID number of contributing federal policial committee.       Date of Receipt         Mathing Address       8857 Chateau Drive       C       Transaction ID: SA11AL.7724         Amount of Each Receipt Ins. Com- party       Assist. V. P. Assist. V. P. Agregate Year-to-Date       Transaction ID: SA11AL.7733         City       State       Zip Code       Date of Receipt         Pickerington       OH       43147       Preceipt For: Primary       Cocupation Assist. V. P.         Nume of Exployer More of Exployer More of Contributing federal policial commitee.       Occupation Assist. V. P.       Date o	Α.	Michael D. Finch		Date of Receipt
Pickerination       OH       43147       Amount of Each Receipt this Period         FEC ID number of contributing federal policial committee.       C       15.00       Pyroll deduction of \$15         Name of Employer Receipt For: Other (specify) ▼       Occupation Assist. V. P.       Aggregate Year-to-Date ▼       Pyroll deduction of \$15         B.       Full Name (Last, First, Middle Initial) Michael D. Finch       Date of Receipt       Date of Receipt         Griny       State       Zip Code       Transaction ID: SA11AL.7724         Pickerination       OH       43147       Transaction ID: SA11AL.7724         FEC ID number of contributing federal policial committee.       C       Transaction ID: SA11AL.7724         Name of Employer Motorists Mulual Ins. Com- pary       Occupation Assist. V. P.       Paroll deduction of \$15         Name of Employer Motorists Mulual Ins. Com- pary       C       Date of Receipt         Mailing Address 8857 Chateau Drive       C       Paroll deduction of \$15         Ctir       C       Full Name (Last, First, Middle Initial) Michael D. Finch       Date of Receipt         Mailing Address 8857 Chateau Drive       C       Paroll deduction of \$15         City       State       Zip Code       Paroll deduction of \$15         Pickerington       OH       43147       Aggregate Year-to-Date		Mailing Address 8857 Chateau Drive		
FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Com- party Receipt For: Other (specify) ♥       Occupation Assist. V. P. Aggregate Year-to-Date ♥       Date of Receipt Image: State Zip Code         Full Name (Last, First, Middle Initial) Maling Address 8857 Chateau Drive       Date of Receipt Image: State Zip Code       Date of Receipt Image: State Zip Code         Primary       General OH 43147       OH 43147       Fanacation ID: SA11AI.7724         Amount of Employer Primary       General OH 43147       Occupation Assist. V. P.         Name of Employer Motorists Mutual Ins. Com- Pary Broceipt For: Other (specify) ♥       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General Other (specify) ♥       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General Other (specify) ♥       Date of Receipt       Date of Receipt         Ctiv       Finch Mohael D. Finch       Date of Receipt       Date of Receipt         Mohael D. Finch       OH 43147       Parasotion ID: SA11AI.7793       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Date of Receipt       Date of Receipt         Mohael D. Finch       OH 43147       Payroll deduction of \$15       Payroll deduction of \$15         Payroll deduction of \$15		•	-	
federal political committee.       Image: Comparison of Employer Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Motorists Mutual Ins. Company       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         B.       Michael D. Finch       Date of Receipt for:       0 0 7 / 2007         City       State       Zip Code       Transaction ID: SA11AL.7724         Anount of Each Receipt this Period       Isono       Payroll deduction of \$15 per pay         Name of Employer Motorists Mutual Ins. Compare Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Name of Employer Motorists Mutual Ins. Compare Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Name of Employer Motorists Mutual Ins. Compare Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Receipt for:       Occupation         Payroll deduction of \$15 per pay       Date of Receipt         Motorists Mutual Ins. Compare Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         C.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Michael D. Finch       OH 43147       Transaction ID: SA11AL.7793         Amount of Each Receipt Instructure       O 9 / 2 0 / 2 0 0 7       Transaction ID: SA11AL.7793         Amount of Each Receipt Instructure       O 9 / 2 0 / 2 0 0 7       Transaction ID: SA11AL.7793 <th></th> <th></th> <th><u>OH 43147</u></th> <th>Amount of Each Receipt this Period</th>			<u>OH 43147</u>	Amount of Each Receipt this Period
Name of Endployer Data       Occupation Aggregate Year-to-Date       Per pay         Primary       General       Aggregate Year-to-Date       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Mitchael D. Finch       OH       43147       Fassist. V. P.         Pickerington       OH       43147       Fassist. V. P.         Pickerington       OH       43147       Fassist. V. P.         Pary       General       Occupation       Payroll deduction of \$15         Market S Mutual Ins. Com- pany       Occupation       Aggregate Year-to-Date       Payroll deduction of \$15         Primary       General       Occupation       Aggregate Year-to-Date       Payroll deduction of \$15         C.       Midnag Address       8857 Chateau Drive       Z70.00       Payroll deduction of \$15         Primary       General       Occupation       Aggregate Year-to-Date       Payroll deduction of \$15         Pickerington       OH       43147       Fassist. V. P.       Payroll deduction of \$15         Primary       General       Occupation       Payroll deduction of \$15       Payroll deduction of \$15         Motorists Mitual Ins. Com- pany       Sate       Zip Code       Payroll deduction of \$15 <th></th> <th></th> <th>C</th> <th></th>			C	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Primary       255.00         B.       Methael D. Finch         Mailing Address       8857 Chateau Drive         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL.7724         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       Occupation Assist. V. P.       Payroll deduction of \$15         Pickerington       OH       43147       Payroll deduction of \$15         Payroll deduction of \$15       State       Zip Code       Payroll deduction of \$15         Pickerington       OH       43147       Payroll deduction of \$15         C.       Methael D. Finch       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       8857 Chateau Drive       Occupation Assist. V. P.       Payroll deduction of \$15         Pickerington       OH       43147       Payroll deduction of \$15       Payroll deduction of \$15         Pickerington       OH       43147       Payroll deduction of \$15       Payroll deduction of \$15		Motorists Mutuál Ins. Com-		
Other (specify) ◆       255.00         B.       Full Name (Last, First, Middle Initial)         Michael D. Finch       Mailing Address 8857 Chateau Drive         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing rederal political committee.       C       15.00         Name of Employer Motorists Mulual ins. Com- pany       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Pickerington       Other (specify) ▼       270.00       Date of Receipt         Name of Employer Motorists Mulual ins. Com- pany       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         C.       Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt         Mailing Address 8857 Chateau Drive       C       Transaction ID: SA11A1.7793         Pickerington       OH       43147       Payroll deduction of \$15 per pay         FEC ID number of contributing rederal political committee.       C       Mailing Address 8857 Chateau Drive       Description Assist. V. P.         Name of Employer Motorists Mulual Ins. Com- pary Payrel Cher (specify) ▼       Occupation Assist. V. P.       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Payroll deduction of \$15       Payroll deduction of \$15       Payroll deduction of \$15 <th></th> <th>Receipt For:</th> <th>Aggregate Year-to-Date V</th> <th></th>		Receipt For:	Aggregate Year-to-Date V	
B.       Michael D. Finch       Date of Receipt         Mailing Address       8857 Chateau Drive			25	5.00
City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7724         Name of Employer Motorists Mutual Ins. Com- pany Receipt For:       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       270.00       Payroll deduction of \$15         Ctiy       State       Zip Code         Maling Address       8857 Chateau Drive       Date of Receipt         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       8857 Chateau Drive       Date of Receipt         Mailing Address       8857 Chateau Drive       Motorists Mutual Ins. Com- pany         Pickerington       OH       43147       Transaction ID: SA11AI.7793         Amount of Each Receipt this Period       15.00       Payroll deduction of \$15         Primary       General       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       285.00       Payroll deduction of \$15         Primary       General       285.00       Payroll deduction of \$15	В.			Date of Receipt
Pickerington       OH       43147       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15 per pay         Primary       General Other (specify) ▼       Occupation Assist. V. P.       Occupation Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Michael D. Finch Mailing Address 8857 Chateau Drive       Date of Receipt         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Occupation Assist. V. P.         Aggregate Year-to-Date       ▼         Primary       General Other (specify) ▼       Occupation Assist. V. P.		Mailing Address 8857 Chateau Drive		
FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Com- pany Receipt For:       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       270.00       Payroll deduction of \$15         C.       Full Name (Last, First, Middle Initial) Mailing Address 8857 Chateau Drive       Date of Receipt         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       Occupation Assist. V. P.       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General       285.00       Payroll deduction of \$15				Transaction ID: SA11AI.7724
federal political committee.       Image: Committee.       Image: Committee.       Payroll deduction of \$15 per pay         Name of Employer Motorists Mutual Ins. Company       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Receipt For:       Aggregate Year-to-Date ▼       Image: Committee.       Payroll deduction of \$15 per pay         C.       Full Name (Last, First, Middle Initial)       Image: Committee.       Image: Committee.       Image: Committee.         Mailing Address       8857 Chateau Drive       Date of Receipt       Image: Committee.       Image: Committee.         City       State       Zip Code       Image: Committee.       Image: Committee.       Image: Committee.         Pickerington       OH       43147       Payroll deduction of \$15 period       Image: Committee.         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Aggregate Year-to-Date ▼       Payroll deduction of \$15 per pay         Payroll deduction of \$15 per pay       Aggregate Year-to-Date ▼       Image: Committee.       Payroll deduction of \$15 per pay			OH 43147	Amount of Each Receipt this Period
Marte of Employer       Agregate Year-to-Date       per pay         Primary       General       Aggregate Year-to-Date       per pay         C.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       8857 Chateau Drive       0 + 43147         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Motorists Mutual Ins. Company       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       Occupation         Aggregate Year-to-Date       Pay			C	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       270.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       8857 Chateau Drive         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Aggregate Year-to-Date ▼         Primary       General       285.00       Payroll deduction of \$15		Motorists Mutuál Ins. Com-		
Other (specify) ▼       270.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Michael D. Finch       Date of Receipt         Mailing Address 8857 Chateau Drive       0 9 / 2 1 / 2 0 0.7         City       State       Zip Code         Pickerington       OH 43147         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       285.00		Receipt For:	Aggregate Year-to-Date V	
C.       Michael D. Finch       Date of Receipt         Mailing Address       8857 Chateau Drive       Date of Receipt         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       285.00       Payroll deduction of \$15			27	0.00
Mailing Address       8857 Chateau Drive         City       State       Zip Code         Pickerington       OH       43147         FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Aggregate Year-to-Date ▼         Primary       General       285.00       285.00	С.			Date of Receipt
Pickerington       OH       43147       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Payroll deduction of \$15 per pay         Receipt For:       Aggregate Year-to-Date ▼       285.00         Other (specify) ▼       285.00	•••			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       15.00         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Payroll deduction of \$15 per pay         Receipt For:       Aggregate Year-to-Date ▼       285.00         Other (specify) ▼       285.00		-		
federal political committee.       Image: Committee in the second			OH 43147	Amount of Each Receipt this Period
Mathe of Entiplyer     Occupation     per pay       Motorists Mutual Ins. Company     Assist. V. P.       Receipt For:     Aggregate Year-to-Date       Primary     General       Other (specify)     285.00			C	
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       285.00				
Other (specify) ▼ 285.00			Aggregate Year-to-Date 🔻	
			28	5.00
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number only)			////w//	···· <b>F</b>

			FOR LINE NUMBER: PAGE 66 / 263
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
Į.	NAME OF COMMITTEE (In Full)		
	> MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		10 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: SA11AI.7883
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	
- B.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7952
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	315.00	
- C.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		M M / D D / Y Y Y Y 11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8036
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	330.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	45.00
ŀ			
	TOTAL This Period (last page this line number	oniy)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $67 / 263$ (check only one) $11c$ $12$ X11a $11b$ $11c$ $12$ 1314 $15$ $16$ $17$ n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 8857 Chateau Drive		M M / D D / Y Y Y Y 11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8114
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	345.00	
в.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8185
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	360.00	
с.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8262
		OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	375.00	
	SUBTOTAL of Receipts This Page (optional)	L	45.00
	TOTAL This Period (last page this line number of	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 68 / 263           (check only one)         11a           X         11a           13         14           15         16
	NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personance of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) Michael D. Finch Mailing Address 8857 Chateau Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8330
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General	Occupation Assist. V. P. Aggregate Year-to-Date ▼	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
-	Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles R. Gaskill	390.00	Date of Receipt
	Mailing Address 1425 Briarmeadow Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7953
	Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 10.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation V. P., Corporate Counsel	Payroll deduction of \$10 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  210.00	
	Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt
	Mailing Address 1425 Briarmeadow Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8037
	Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General Other (specify) ▼	Occupation         V. P., Corporate Counsel         Aggregate Year-to-Date         220.00	Payroll deduction of \$10 per pay
Γ	SUBTOTAL of Receipts This Page (optional)	I	35.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 69 / 263           (check only one)
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt
Mailing Address 1425 Briarmeadov	v Dr.	1 1 1 1 0 D 7 Y Y Y Y Y 1 1 1 1 0 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.8115
Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 10.00
Name of Employer Motorists Mutual Ins. Com-	Occupation	Payroll deduction of \$10 per pay
pany Receipt For: Primary General Other (specify) ▼	V. P., Corporate Counsel         Aggregate Year-to-Date         230.00	]
Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt
Mailing Address 1425 Briarmeadov	v Dr.	1 1 / 3 0 / Y Y Y Y 1 1 1 / 3 0 / 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.8186
Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com- pany	Occupation V. P., Corporate Counsel	Payroll deduction of \$10 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  240.00	
Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt
Mailing Address 1425 Briarmeadov	v Dr.	12 14 YYYY 12 14
City	State Zip Code	Transaction ID: SA11AI.8263
Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 10.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation V. P., Corporate Counsel	Payroll deduction of \$10 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (option	al)	30.00
	nber only)	30.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 70 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Ar or	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\mathbb{Z}$	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt
	Mailing Address 1425 Briarmeadow D	,	12 D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8370
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation V. P., Corporate Counsel	Payroll deduction of \$10 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
— B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, E	07 13 2007	
	City	State Zip Code	Transaction ID: SA11AI.7455
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
 C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	1	Date of Receipt
	Mailing Address 396 Shelby Avenue, E	East	07 / 27 / Y Y Y Y 07
	City	State Zip Code	Transaction ID: SA11AI.7523
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
S	UBTOTAL of Receipts This Page (optional) .	1	40.00
	OTAL This Period (last page this line numbe		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo D	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE 71 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC	C FUND	
A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		0 8 1 0 Y Y Y Y 0 8 1 0 2 0 0 7
	City		Zip Code	Transaction ID: SA11AI.7594
		OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V, P,		Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year	r-to-Date 🔻	_
	Primary     General       Other (specify) ▼		240.00	]
- В.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		0 8 1 4 2 0 0 7
	City		Zip Code	Transaction ID: SA11AI.7661
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year	r-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0 0	255.00	]
– C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	1		Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		M M / D D / Y Y Y Y 09 07 2007
	City		Zip Code	Transaction ID: SA11AI.7726
	Powell FEC ID number of contributing		43065	Amount of Each Receipt this Period
	federal political committee.	C		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		per pay
	Receipt For:	Aggregate Year	r-to-Date ▼	
	Primary     General       Other (specify)     ▼	0 0 0	270.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		45.00
┢			•	
	TOTAL This Period (last page this line number	oniy)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 72 / 263           (check only one)         X           X         11a         11b           13         14         15         16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
. Z	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		0 9 2 1 Y Y Y Y 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7795
	Powell FEC ID number of contributing federal political committee.	ОН	43065	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V.		Payroll deduction of \$15 per pay
	pany Receipt For: Primary General Other (specify) ▼	1 I	P. Year-to-Date ▼ 285.00	]
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, E	ast		Date of Receipt
	City	State	Zip Code	10052007 Transaction ID: SA11AI.7885
	Powell	ОН	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	Ρ.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 300.00	]
_	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	I		Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		M M / D D / Y Y Y Y 10 17 2007
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.7954 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date V 315.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 73 / 263         (check only one)       11a         X       11a         113       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast	1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8038
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	330.00	
- В.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	I	Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast	M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8117
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
- c.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, Ea	ast	Date of Receipt
	City	State Zip Code	1 1         3 0         2 0 0 7           Transaction ID:         SA11AI.8188
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	45.00
ŀ	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 74 / 263           (check only one)         X           X         11a           13         14           15         16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may n e name and addre	ot be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CI	VIC FUND	
~	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, East			1 2 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8265
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$15 per pay
	pany Receipt For:	Assist. V. F		
	Primary General Other (specify) ▼		ear-to-Date 375.00	
	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
Mailing Address 396 Shelby Avenue, East		M M / D D / Y Y Y Y 12 22 2007		
	City	State	Zip Code	Transaction ID: SA11AI.8331
	Powell	ОН	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. F	D.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date <b>V</b> 390.00	
	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 1025 8th Street			07 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.7430
	DeWitt	IA	52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer Iowa Mutual Ins. Co.	Occupation President		per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date <b>V</b> 700.00	]
	SUBTOTAL of Receipts This Page (optional) .	1		55.00

Marrier decepter from such Reports and Statements may not be sold or used to any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         MATCORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         Marker States         Maining Address       1025 8th Street         Oty       State         Det of Receipt         Maining Address       1025 8th Street         Occupation       President         PEO ID number of contributing tederal political committee.       Occupation         President       President         Party City       State         Party City       State         President       President         Party City       State         President       President         Party City       State		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 75 / 263           (check only one)
NAME OF COMMITTEE (in Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Maing Address 1025 8th Street         City       State         DeWitt       IA         State       Zip Code         Name of Engloyer       Occupation         President       725.00         Receipt For:       Occupation         Other (specify) ▼       State         State       20 Code         Pervisit       IA         State       20 Code         Name of Engloyer       Occupation         President       725.00         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       State       Zip Code         Pervisit       IA       52742         FEC ID number of contributing federal policial committee.       Date of Receipt         Maing Address       1025 8th Street       Transaction ID: SA11AL7568         Amount of Each Precipt for:       Occupation       President         President       State       Zip Code         Name of Engloyer       Occupation       President         President       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Payroll deduction of \$25.00       Payroll deduction of \$25.		Any information copied from such Reports and s	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
A.       Mrs. Susan E. Hanck       Date of Receipt         Mailing Address       1025 8th Street       0 7       2 7       2 0 0 7         City       State       Zip Code       Transaction ID: SA11A1.7497         Development       A gregate Year-to-Date       Payroll deduction of \$25         Period       Other (specify) ▼       C       President         B.       Mailing Address       1025 8th Street       Payroll deduction of \$25         Period       Other (specify) ▼       725.00       Payroll deduction of \$25         Payroll deduction of specify) ▼       State       Zip Code       Payroll deduction of \$25         Period       Other (specify) ▼       State       Zip Code       Payroll deduction of \$25         Period       General       Other (specify) ▼       Date of Receipt       Transaction ID: SA11A1.7686         Mailing Address       1025 8th Street       Other (specify) ▼       Transaction ID: SA11A1.7686         Mailing Address       1025 8th Street       Occupation       Payroll deduction of \$25         Payroll deduction of \$25       Occupation       President       Payroll deduction of \$25         Name (Last, First, Middle Initial)       Mrs. Susan E. Haack       Date of Receipt IIII       Payroll deduction of \$25         Name of Engl		NAME OF COMMITTEE (In Full)		
City     State     Zip Code       DeWitt     IA     52742       FEC ID number of contributing federal political committee     C     Transaction ID: SA11AI.7497       Amount of Each Receipt INPeriod     C     Payroll deduction of \$25       Name of Employer lowa Mulual InS: Co.     President     Payroll deduction of \$25       Perceipt For:     Aggregate Year-to-Date     Payroll deduction of \$25       Preceipt For:     Aggregate Year-to-Date     Payroll deduction of \$25       Payroll deduction of \$25     Payroll deduction of \$25     Payroll deduction of \$25       Perceipt For:     Aggregate Year-to-Date     Payroll deduction of \$25       B.     Full Name (Last, First, Middle Initial)     Date of Receipt       Mailing Address     102 5 8th Street     Transaction ID: SA11AI.7568       Amount of Each Receipt INF     IA     52742       PEC ID number of contributing federal policial committee     Occupation President     Payroll deduction of \$25       Name of Employer lowa Mulual InS: Co.     President     Payroll deduction of \$25       Payroll deduction of contributing federal policial committee     Occupation President     Payroll deduction of \$25       Name of Employer lowa Mulual InS: Co.     President     Transaction ID: SA11AI.768       Amount of Each Receipt INPERCE     IA     52742       FEC ID number of contributing federal p	⊻ A.	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
DeWitt       IA       52742         FEC ID number of contributing federal policial committee.       C       Anount of Each Receipt this Period         Name of Employer lowa Mutual fits: Co.       President       Payroll deduction of \$25         Preceipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Payroll deduction of \$25       Date of Receipt       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Date of Receipt this Period         Mailing Address       1025 8th Street       Date of Receipt this Period         City       State       Zip Code         DeWitt       IA       52742         Receipt For:       Occupation       President         President       President       President         Preceipt For:       President       President         President       President       President         Mailing Address       1025 8th Street       Date of Receipt         Other (specify) ◆       State       Zip Code       President		Mailing Address 1025 8th Street		
FEC ID number of contributing lederal political committee.       C       Payroll deduction of \$25         Name of Employer low Multual Ints: Co.       President       President         Preceipt For: Primary       General       Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Full Name (Last, First, Middle Initial) Multing Address       Date of Receipt       Date of Receipt         B.       Multing Address       100 / 2007       Transaction ID: SA11AI.7568         DeWitt       IA       52742       Transaction ID: SA11AI.7568         DeWitt       IA       52742       Payroll deduction of \$25         Primary       General       Occupation       Payroll deduction of \$25         Name of Employer       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Primary       General       750.00       Payroll deduction of \$25         Payroll deduction of \$25       Payroll deduction of \$25       Payroll deduction of \$25         Chity       State       Zip Code       Payroll deduction of \$25         Primary       General       C       Payroll deduction of \$25         Primary       General       C       Payroll deduction of \$25         Primary       General       Occupation       Payroll deduction of \$25         Payr				Transaction ID: SA11AI.7497
federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation President         Receipt For: Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       T25.00         3.       Mrs. Susan E. Haack         Mailing Address       10 / 2.0 0.7         City       State       Zip Code         Primary       General       Occupation         President       IA       52742         FEC ID number of contributing federal political committee.       Occupation President       Primary         Receipt For: Primary       General Other (specify) ▼       Occupation President       Payroll deduction of \$25         Name of Employer lowa Mutual Ins. Co.       President       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Primary       General Other (specify) ▼       Occupation President       Payroll deduction of \$25         City       State       Zip Code       Aggregate Year-to-Date          DeWitt       IA       52742       Tansaction ID: SA11AI.7636         Amount of Each Receipt       IA       52742       Tansaction ID: SA11AI.7636         Amount of Each Receipt For: President       Payroll deduction of \$25       Payroll deduction of \$25         Name o			IA 52742	Amount of Each Receipt this Period
Name of Employer     Decupation     per pay       Receipt For:     Aggregate Year-to-Date ▼     725.00       B.     Mins. Susan E. Haack     Date of Receipt       Mailing Address     1025 8th Street     0.8       City     State     Zip Code       DeWitt     IA     52742       Receipt For:     0.8     / 2.0.7       City     State     Zip Code       DeWitt     IA     52742       Name of Employer     Occupation       President     President       Receipt For:     Occupation       President     Aggregate Year-to-Date       President     Aggregate Year-to-Date       Mailing Address     1025 8th Street       C.     Full Name (Last, First, Middle Initial)       Ms. Susan E. Haack     Aggregate Year-to-Date       Mailing Address     1025 8th Street       City     State       DeWitt     IA       State     Zip Code       Mailing Address     1025 8th Street       City     State       DeWitt     IA       FEC ID number of contributing     C       City     State       DeWitt     IA       Full Name (Last, First, Middle Initial)       Ms. Susan E. Haack       Presci			C	
Receipt For:		Name of Employer Iowa Mutual Ins. Co.		
Other (specify)       725.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       1025 8th Street         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL.7568         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date          Other (specify)       General       750.00         City       State       Zip Code         Primary       General       750.00         City       State       Zip Code         Mailing Address       1025 8th Street       Transaction ID: SA11AL.7636         Amount of Each Receipt Mise       Date of Receipt         Mailing Address       1025 8th Street       Transaction ID: SA11AL.7636         Amount of Each Receipt Mise Period       25.00       Payroll deduction of \$25         Name of Employer       Occupation       President       President         Receipt For:       Aggregate Year-to-Date       Payroll deduction of \$25         Name of Employer       Occupation       President         Receipt For: <td></td> <td>Receipt For:</td> <td></td> <td>-</td>		Receipt For:		-
3.       Mrs. Susan E. Haack       Date of Receipt         Mailing Address       1025 8th Street			725.00	
City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       750.00         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Mailing Address       1025 8th Street       Date of Receipt         City       State       Zip Code         Mailing Address       1025 8th Street       Mailing Address         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       1025 8th Street       Mailing Address         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7636         Amount of Each Receipt this Period       25.00         Payroll deduction of \$25 per pay       Payroll deduction of \$25         Name of Employer lowa Mutual Ins. Co.       President       President         Primary       General       Other (specify) ▼       Aggregate Ye	- 3.		I	Date of Receipt
DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Iowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       1025 8th Street       Date of Receipt this Period         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7636         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       T75.00		Mailing Address 1025 8th Street		
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Miling Address       1025 8th Street       Date of Receipt         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       Occupation President       Payroll deduction of \$25 per pay         Name of Employer lowa Mutual Ins. Co.       Occupation President       Date of Receipt       Mailing Address 1025 8th Street         DeWitt       IA       52742       Transaction ID: SA11AI.7636         Amount of Each Receipt this Period       25.00       Payroll deduction of \$25 per pay         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25		-	-	Transaction ID: SA11AI.7568
federal political committee.       C       23.00         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Primary       General Other (specify) ▼       Date of Receipt         Mailing Address       1025 8th Street       Date of Receipt         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       Occupation President       Payroll deduction of \$25         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Receipt For:       Occupation President       Aggregate Year-to-Date ▼         Primary       General       Occupation President       Payroll deduction of \$25			IA 52742	Amount of Each Receipt this Period
Name of Employer     Occupation     President       Primary     General     Aggregate Year-to-Date ▼     President       Primary     General     750.00     Date of Receipt       City     State     Zip Code       DeWitt     IA     52742       FEC ID number of contributing federal political committee.     Occupation       Name of Employer     Occupation       Name of Employer     Occupation       Primary     General       Other (specify) ▼     Occupation			C	
Primary       General         Other (specify) ▼       750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mrs. Susan E. Haack       0 8         Mailing Address       1025 8th Street         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       Occupation         Name of Employer lowa Mutual Ins. Co.       President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       775.00		Name of Employer Iowa Mutual Ins. Co.		
Other (specify) ▼       750.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mrs. Susan E. Haack       Date of Receipt         Mailing Address 1025 8th Street       0 8 ' 2 4' 2 0 0 7'         City       State Zip Code         DeWitt       IA 52742         FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       775.00			Aggregate Year-to-Date ▼	_
Mrs. Susan E. Haack       Date of Receipt         Mailing Address       1025 8th Street         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Other (specify) ▼       775.00       775.00			750.00	
Mailing Address       1025 8th Street         City       State       Zip Code         DeWitt       IA       52742         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Other (specify) ▼       775.00       775.00	-	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
DeWitt       IA       52742       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Primary       General         Other (specify) ▼       775.00       775.00       775.00				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer lowa Mutual Ins. Co.       Occupation President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       Primary       General         Other (specify) ▼       775.00       775.00       75.00			•	Transaction ID: SA11AI.7636
federal political committee.     23.00       Name of Employer lowa Mutual Ins. Co.     Occupation President       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     775.00			IA 52742	Amount of Each Receipt this Period
Name of Employer     Occupation     per pay       Iowa Mutual Ins. Co.     President       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     775.00			C	
Primary General Other (specify) ▼ 775.00		Name of Employer Iowa Mutual Ins. Co.		
Other (specify) ▼ 775.00			Aggregate Year-to-Date ▼	_
SUBTOTAL of Receipts This Page (optional) 75.00			775.00	
	Γ	CURTOTAL of Dessints This Dags (artists)	<u> </u>	75.00
	$\vdash$	SUBICIAL OF Receipts This Page (optional).	••••••	

SCHEDULE A (FEC Form 3)	for each category of the	FOR LINE NUMBER: PAGE 76 / 263 (check only one)
	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack		Date of Receipt
Mailing Address 1025 8th Street		M         M         /         D         D         /         Y
City DeWitt	State Zip Code	Transaction ID: SA11AI.7701
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
Receipt For: Primary General	Aggregate Year-to-Date V	-
Other (specify)	800.00	
Full Name (Last, First, Middle Initial)B.Mrs. Susan E. Haack	•	Date of Receipt
Mailing Address 1025 8th Street		09 / D D / Y Y Y Y 2007
City DeWitt	State Zip Code	Transaction ID: SA11AI.7770
FEC ID number of contributing federal political committee.	IA 52742	Amount of Each Receipt this Period
Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
Mailing Address 1025 8th Street		10 <sup>1</sup>
City Dol//iitt	State Zip Code IA 52742	Transaction ID: SA11AI.7855
DeWitt FEC ID number of contributing federal political committee.	IA 52742	Amount of Each Receipt this Period 25.00
Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optiona	u)	75.00
	ber only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 263 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 110 $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 10 19 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7927
	DeWitt	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	875.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	1	Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 11 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8011
	DeWitt	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	900.00	
- с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 11 1 16 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8089
	DeWitt	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	925.00	
	SUBTOTAL of Receipts This Page (optional)	·	75.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 78 / 263
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 1 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8160
	DeWitt	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	950.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 12 14 2007
		State Zip Code	Transaction ID: SA11AI.8239
		IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$25
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	per pay
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	975.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		M M / D D / Y Y Y Y 12 / 22 / 2007
	City DoWitt	State Zip Code	Transaction ID: SA11AI.8307
	DeWitt	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$25
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	per pay
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	1000.00	
	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 79 / 263         (check only one)       11a         X       11a       11b       11c       12         I       13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		M M / D D / Y Y Y Y 07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7456
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	210.00	
в.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		07 27 Y Y Y Y 07 27
	City	State Zip Code	Transaction ID: SA11AI.7524
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date	_
	Primary     General       Other (specify) ▼	225.00	
С.	Full Name (Last, First, Middle Initial) Marc S. Hall	1	Date of Receipt
	Mailing Address 5999 Lane Road		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7595
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	240.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 80 / 263         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		08 / D D / Y Y Y Y 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7662
		OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	255.00	
— В.	Full Name (Last, First, Middle Initial) Marc S. Hall	I	Date of Receipt
	Mailing Address 5999 Lane Road		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7727
		OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	270.00	
– C.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
-	Mailing Address 5999 Lane Road		09 21 2007
	City Centerburg	State Zip Code OH 43011	Transaction ID: SA11AI.7796 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	285.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 81 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		10 <sup>M</sup> / 05 <sup>J</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7886
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	
в.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7955
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	315.00	
с.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		M M / D D / Y Y Y Y 11 / 02 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8039
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	330.00	
	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 82 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		M M / D D / Y Y Y Y 111 17 2007
	City	State Zip Code	Transaction ID: SA11AI.8118
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
		Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	345.00	
в.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		1 1 / 3 0 / Y Y Y Y 1 1
	City	State Zip Code	Transaction ID: SA11AI.8189
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	360.00	
С.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		1 2 / D D / Y Y Y Y 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8266
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) <b>▼</b>	375.00	
	SUBTOTAL of Receipts This Page (optional)	······	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 263 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10$
	Any information copied from such Reports and So or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		12 / 22 / Y Y Y Y 12 / 22
	City	State Zip Code	Transaction ID: SA11AI.8333
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	390.00	
в.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	ue	07 / 13 / Y Y Y Y 0 7 / 13
	City	State Zip Code	Transaction ID: SA11AI.7457
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	210.00	
C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	ue	07 / 27 / Y Y Y Y 007
	City	State Zip Code	Transaction ID: SA11AI.7525
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	225.00	
	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 84 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aver	nue	08 / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7596
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	240.00	
в.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aver	nue	0 8 / D D / Y Y Y Y 0 8 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7663
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) $rightarrow$	255.00	
с.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aver	nue	09 / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7728
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  270.00	
[			45.00
ŀ	SUBTOTAL of Receipts This Page (optional)	-	
	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 / 263           (check only one)         11c         12           X         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 or for commercial purposes, other than using the name and address of any political committee to s			
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND			
A.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt			
	Mailing Address 813 East College Aver	0 9 2 1 Y Y Y Y 2 0 0 7			
	City	State Zip Code	Transaction ID: SA11AI.7797		
	Westerville	OH 43081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	15.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay		
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_		
	Other (specify) ▼	285.00			
в.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt		
υ.	Mailing Address 813 East College Aver	nue	10 05 2007		
	City	State Zip Code	Transaction ID: SA11AI.7887		
	Westerville	OH 43081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		15.00 Payroll deduction of \$15		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay		
	Receipt For:	Aggregate Year-to-Date			
	Primary     General       Other (specify) ▼	300.00			
с.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt		
	Mailing Address 813 East College Aver	nue	M M / D D / Y Y Y Y 10 19 2007		
	City	State Zip Code	Transaction ID: SA11AI.7956		
		OH 43081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		15.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_		
	Other (specify) ▼	315.00			
	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 86 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt	
	Mailing Address 813 East College Aver	M M / D D / Y Y Y Y 1 1 0 2 2007	
	City	State Zip Code	Transaction ID: SA11AI.8040
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	330.00	
в.	Full Name (Last, First, Middle Initial) Paul T. Hammer	•	Date of Receipt
Б.	Mailing Address 813 East College Aver	nue	M M / D D / Y Y Y Y 111 17 2007
	City	State Zip Code	Transaction ID: SA11AI.8119
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	345.00	
- С.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aver	nue	M M / D D / Y Y Y Y 1 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8190
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	360.00	
	SUBTOTAL of Receipts This Page (optional)	·	45.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 87 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt	
	Mailing Address 813 East College Aven	M M / D D / Y Y Y Y 12 14 2007	
	City Waster ille	State Zip Code	Transaction ID: SA11AI.8267
	Westerville FEC ID number of contributing federal political committee.	OH 43081	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
В.	Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College Aven	ue	Date of Receipt
	City	State Zip Code	12222007 Transaction ID: SA11AI.8334
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
C.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washingto	n Drive	09 07 2007
	City	State Zip Code WI 53083	Transaction ID: SA11AI.7705
	Howards Grove FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 88 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person e name and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions solicit contributions from such committee.
. Z	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingt	Date of Receipt	
			09 21 2007
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.7774 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  225.00	]
	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingt	ton Drive	Date of Receipt
		10 05 2007	
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.7859 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	]
	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washingt	ton Drive	10 19 Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7931
	Howards Grove FEC ID number of contributing federal political committee.	WI 53083	Amount of Each Receipt this Period 15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	]
	SUBTOTAL of Receipts This Page (optional) .		45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 89 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingto	Date of Receipt	
	City	State Zip Code	1 1 0 2 2 0 0 7 Transaction ID: SA11AI.8015
	Howards Grove	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
в.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingto	on Drive	Date of Receipt
		11 16 2007	
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.8093
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 15.00 Payroll deduction of \$15
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 285.00	
с.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingto		Date of Receipt
			11 30 2007
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.8164
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	·	45.00
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orf	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions
$\geq$			solicit contributions from such committee.
<u> </u>		COMPANY CIVIC FUND	
۹.	Full Name (Last, First, Middle Initial) Mr. James F Hayon	Date of Receipt	
	Mailing Address 1020 South Washington	on Drive	12 <sup>//</sup> 14 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.8242
	Howards Grove FEC ID number of contributing	WI 53083	Amount of Each Receipt this Period
	federal political committee.		Payroll deduction of \$15
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	]
3.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washingto	1 2 / D D / Y Y Y Y 2 2 0 0 7	
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.8310
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 330.00	]
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
-	Mailing Address 1409 Snowmass Road	1	M M / D D / Y Y Y Y 07 13 2007
	City Columbus	State Zip Code OH 43235	Transaction ID: SA11AI.7458
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	]
sı	JBTOTAL of Receipts This Page (optional)	۱ ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	45.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 / 263		
			Use separate schedule(s) for each category of the	(check only one)		
I			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 C	COMPANY	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt				
	Mailing Address 1409 Snowmass Road	07 / 27 / Y Y Y Y 07 / 27				
	City	State	Zip Code	Transaction ID: SA11AI.7526		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Motorists Mutual Ins. Com-	Occupatio		Payroll deduction of \$15 per pay		
	pany Receipt For:	Assist. V				
	Primary General	Aggregate	e Year-to-Date	1		
	Other (specify)	0 0	225.00	]		
- В.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt		
	Mailing Address 1409 Snowmass Road	l		0 8 1 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.7597		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction of \$15 per pay		
	pany Receipt For:	1	e Year-to-Date 🔻			
	Primary     General       Other (specify) ▼		240.00	]		
-	Full Name (Last, First, Middle Initial)					
C.	Peter A. Hitchcock Mailing Address 1409 Snowmass Road	1		Date of Receipt		
	City	State	Zip Code	0 8 2 4 2 0 0 7 Transaction ID: SA11AI.7664		
	Columbus	ОН	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay		
	Receipt For:	1 4	e Year-to-Date 🔻			
	Primary     General       Other (specify)     ▼		255.00	]		
ſ	SUBTOTAL of Receipts This Page (optional)	I	•	45.00		
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	TOTAL This Period (last page this line number	oniy)				

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 92 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         16
or for a	commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	l Name (Last, First, Middle Initial) er A. Hitchcock			Date of Receipt
Ma	Mailing Address 1409 Snowmass Road			0907 2007
City		State	Zip Code	Transaction ID: SA11AI.7729
FE	llumbus C ID number of contributing eral political committee.	С	43235	Amount of Each Receipt this Period
Na Mo par	me of Employer torists Mutual Ins. Com- ty	Occupatio Assist. V		Payroll deduction of \$15 per pay
Re	ceipt For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 270.00	
Pet	I Name (Last, First, Middle Initial) ter A. Hitchcock			Date of Receipt
Ma	Mailing Address 1409 Snowmass Road			M         M         /         D         D         Y
City		State	Zip Code	Transaction ID: SA11AI.7798
FE	lumbus C ID number of contributing eral political committee.	OH C	43235	Amount of Each Receipt this Period
Mo par		Occupatio Assist. V	. P.	Payroll deduction of \$15 per pay
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 285.00	
	I Name (Last, First, Middle Initial) er A. Hitchcock			Date of Receipt
Ма	iling Address 1409 Snowmass Road	b		10 <sup>//</sup> 10 <sup>/</sup> 2007
City	•	State	Zip Code	Transaction ID: SA11AI.7888
FE	lumbus C ID number of contributing eral political committee.	OH C	43235	Amount of Each Receipt this Period
par		Occupatio Assist. V	. P.	Payroll deduction of \$15 per pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
CUP	<b>OTAL</b> of Receipts This Page (optional)	1		45.00

				FOR LINE NUMBER: PAGE 93 / 263
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
l	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a $11b$ 11c $12$
			Detailed Summary Fage	
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt		
	Mailing Address 1409 Snowmass Road	10 <sup>//</sup> 19 <sup>/</sup> 2007		
	City	State	Zip Code	Transaction ID: SA11AI.7957
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer	Occupatio	n	Payroll deduction of \$15
	Motorists Mutual Ins. Com- pany Assist. V			per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		315.00	1
_	Other (specify) 🔻	0 0	313.00	
B.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
Б.	Mailing Address 1409 Snowmass Road			M M / D D / Y Y Y Y 1 1 02 2007
	City	State	Zip Code	Transaction ID: SA11AI.8041
	Columbus	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	pany Receipt For:		e Year-to-Date 🔻	—
	Primary General Other (specify) ▼	, iggi oguto	330.00	1
_				-
C.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
•	Mailing Address 1409 Snowmass Road			M M / D D / Y Y Y Y 1 1 1 16 2007
	City	State	Zip Code	Transaction ID: SA11AI.8120
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction of \$15 per pay
	pany Receipt For:	r •	e Year-to-Date 🔻	7
	Primary General Other (specify) ▼		345.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
┢				
	<b>TOTAL</b> This Period (last page this line number of	only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 94 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17			
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to a				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt				
	Mailing Address 1409 Snowmass Road	1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 7				
	City	State Zip Code	Transaction ID: SA11AI.8191			
	Columbus	OH 43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	15.00			
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay			
	Receipt For:	Aggregate Year-to-Date 🔻				
	Other (specify)	360.00				
В.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt			
	Mailing Address 1409 Snowmass Roac	1	12 14 Y Y Y Y 12 14 2007			
	City	State Zip Code	Transaction ID: SA11AI.8268			
	<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	15.00			
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>			
	Receipt For: Primary General	Aggregate Year-to-Date ▼				
	Other (specify) ▼	375.00				
с.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt			
	Mailing Address 1409 Snowmass Roac	1	12 / D D / Y Y Y Y 12 22 2007			
	City	State Zip Code	Transaction ID: SA11AI.8335			
	Columbus	OH 43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	15.00			
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay			
	Receipt For: Primary General	Aggregate Year-to-Date ▼				
	Other (specify) ▼	390.00				
	SUBTOTAL of Receipts This Page (optional)	·	45.00			
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 95 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17				
ſ	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.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt					
	Mailing Address 4556 Dirham Court		07 13 Y Y Y Y 007				
	City	State Zip Code	Transaction ID: SA11AI.7460				
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 15.00				
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	]				
- В.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt				
	Mailing Address 4556 Dirham Court	07 27 Y Y Y Y 2007					
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.7527				
	FINITIAL FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 15.00				
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	]				
- C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt				
	Mailing Address 4556 Dirham Court		0 8 / D D / Y Y Y Y 0 8 10 2007				
	City	State Zip Code	Transaction ID: SA11AI.7598				
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 15.00				
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	]				
ſ	SUBTOTAL of Receipts This Page (optional)	······	45.00				
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	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 96 / 263
			Use separate sc for each category		(check only one)
l			Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
ſ	Any information copied from such Reports and So or for commercial purposes, other than using the	by any person committee to so	for the purpose of soliciting contributions		
	> MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt			
	Mailing Address 4556 Dirham Court			08 24 2007	
	City	State	Zip Code		Transaction ID: SA11AI.7665
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer Occupation Motorists Mutual Ins. Com-				Payroll deduction of \$15 per pay
	pany Receipt For:		e Year-to-Date 🔻		
	Primary General Other (specify) ▼		0 0 0 0 0	255.00	
- B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover				Date of Receipt
2.	Mailing Address 4556 Dirham Court			0 9 0 7 2 0 0 7	
	City	State	Zip Code		Transaction ID: SA11AI.7730
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V			Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	0 0		270.00	
- C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover				Date of Receipt
	Mailing Address 4556 Dirham Court				09 21 YYYY 09 21 2007
	City	State	Zip Code		Transaction ID: SA11AI.7799
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V			Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼			285.00	
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>			45.00
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	TOTAL This Period (last page this line number	only)		🕨	

Ś	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 263
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
⊻ ۸.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		10 <sup>//</sup> 2007
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.7889
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		10 <sup>//</sup> 19 <sup>/</sup> Y Y Y Y 10 <sup>//</sup> 19 <sup>/</sup> 2007
	City	State Zip Code OH 43026	Transaction ID: SA11AI.7958
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
-	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		M M / D D / Y Y Y Y 1 1 02 2007
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8042
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Г			45.00

Ś	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 98 / 263
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 11;
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
۷. ا	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		M M / D D / Y Y Y Y Y 111 16 2007
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8121 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 345.00	]
	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		1 1 <sup>M</sup> <sup>M</sup> <sup>A</sup> 3 0 <sup>A</sup> 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8192
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	]
. –	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	I	Date of Receipt
	Mailing Address 4556 Dirham Court		M M / D D / Y Y Y Y 12 14 2007
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8269 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	]
Γ		1	45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 99 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
А.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8336
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	390.00	
- В.	Full Name (Last, First, Middle Initial) Wallace S. Hysell	·	Date of Receipt
	Mailing Address 2007 Twin Flower Circ	le	07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7461
	Grove City	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	210.00	
- C.	Full Name (Last, First, Middle Initial) Wallace S. Hysell		Date of Receipt
	Mailing Address 2007 Twin Flower Circ	le	07 27 2007
	City Group City	State Zip Code	Transaction ID: SA11AI.7528
	Grove City FEC ID number of contributing	OH 43123	Amount of Each Receipt this Period
	federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	225.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	45.00
F	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 100 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
, A.	Full Name (Last, First, Middle Initial) Wallace S. Hysell		Date of Receipt
	Mailing Address 2007 Twin Flower Circ	le	M M / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7599
	Grove City	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	240.00	
В.	Full Name (Last, First, Middle Initial) Wallace S. Hysell	I	Date of Receipt
	Mailing Address 2007 Twin Flower Circ	M M / D D / Y Y Y Y 08 24 2007	
	City	State Zip Code	Transaction ID: SA11AI.7666
	Grove City	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ♥	255.00	
C.	Full Name (Last, First, Middle Initial) Wallace S. Hysell	1	Date of Receipt
	Mailing Address 2007 Twin Flower Circ	le	M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7731
	Grove City	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 270.00	]
	SUBTOTAL of Receipts This Page (optional)	·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 101 / 263
			e separate schedule(s) each category of the	(check only one)
l			ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be name and address o	e sold or used by any perso f any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC	FUND	
Α.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
	Mailing Address 2007 Twin Flower Circle	е		09 / D D / Y Y Y Y 09 21 2007
	City		p Code	Transaction ID: SA11AI.7800
	Grove City	<u>OH</u> 4	3123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Assist. V. P.	- Dete 🛡	_
	Primary General	Aggregate Year-t		
	Other (specify)	0 0 0 0	285.00	
- B.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
	Mailing Address 2007 Twin Flower Circl	е		10 05 2007
	City	State Zi	p Code	Transaction ID: SA11AI.7890
	Grove City	<u>OH 4</u>	3123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-t	o-Date 🔻	_
	Other (specify) ▼		300.00	
- C.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
0.	Mailing Address 2007 Twin Flower Circl	e		10 19 2007
	City	State Zi	p Code	Transaction ID: SA11AI.7959
	Grove City	OH 4	3123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-t	o-Date 🔻	
	Other (specify) ▼		315.00	
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
ŀ				
	TOTAL This Period (last page this line number of	only)	▶	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102/263
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Г	Anniation end from such Departs and Ot			
	Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	dress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
	Mailing Address 2007 Twin Flower Circl	le		1 1 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8043
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:		e Year-to-Date 🔻	
	Primary General		330.00	
_	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
2.	Mailing Address 2007 Twin Flower Circl	le		M M / D D / Y Y Y Y 1 1 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8122
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	345.00	
- C.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
0.	Mailing Address 2007 Twin Flower Circl	le		1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8193
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	360.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I		45.00
ŀ				
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 103 / 263
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	L y not be sold or used by any pers dress of any political committee	son for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)			
	> MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
	Mailing Address 2007 Twin Flower Circl	le		12 14 Y Y Y Y 12 14 2007
	City	State	Zip Code	Transaction ID: SA11AI.8270
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:		e Year-to-Date 🔻	
	Primary General		375.00	
_	Other (specify) ▼	0 0		
в.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt
2.	Mailing Address 2007 Twin Flower Circl	le		12 22 2007
	City	State	Zip Code	Transaction ID: SA11AI.8337
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		390.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers			Date of Receipt
0.	Mailing Address 6401 Possmore Lane			07 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.7462
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	210.00	
[	SUBTOTAL of Receipts This Page (optional)	I		45.00
ŀ				
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 104 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M M / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7529
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	225.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
2.	Mailing Address 6401 Possmore Lane		M M         /         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7600
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 240.00	
	Other (specify)		
- с.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7667
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  255.00	
ſ	SUBTOTAL of Receipts This Page (optional)	l	45.00
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 105 / 263 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7732
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	270.00	
в.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7801
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	285.00	
с.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7892
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	300.00	
	SUBTOTAL of Receipts This Page (optional)	·····	45.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 263 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
А.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		10 <sup>M</sup> / D D / Y Y Y Y 10 <sup>D</sup> 19 <sup>D</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7960
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	315.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8044
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	330.00	
с.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8123
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	345.00	
	SUBTOTAL of Receipts This Page (optional)	·····	45.00
	TOTAL This Period (last page this line number of	pnly)	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 107 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for com	nation copied from such Reports and Sta imercial purposes, other than using the n OF COMMITTEE (In Full) ORISTS MUTUAL INSURANCE CO	name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	ame (Last, First, Middle Initial)			
	n E. Jeffers 9 Address 6401 Possmore Lane			Date of Receipt
City		State	Zip Code	Transaction ID: SA11AI.8194
<u>Cana</u>	l Winchester	OH	43110	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		15.00
Name Motori any	of Employer sts Mutual Ins Comp-	Occupation Assist. V.	Ρ.	Payroll deduction of \$15 per pay
	ot For: Primary General Other (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 360.00	]
B. Mr. Da	ame (Last, First, Middle Initial) n E. Jeffers g Address 6401 Possmore Lane			Date of Receipt
Iviainiių	Address 6401 Possiliore Laile			12 14 2007
City		State	Zip Code	Transaction ID: SA11AI.8271
<u>Cana</u>	I Winchester	OH	43110	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C		15.00 Payroll deduction of \$15
Name Motori <u>any</u> Receip	of Employer sts Mutual Ins Comp-	Occupation Assist. V.		per pay
Ē	Primary General Other (specify) <b>v</b>	Aggregate	Year-to-Date ▼ 375.00	]
	ame (Last, First, Middle Initial) n E. Jeffers			Date of Receipt
	Address 6401 Possmore Lane			M M / D D / Y Y Y Y 12 22 2007
City Cana	l Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.8338 Amount of Each Receipt this Period
FEC II	D number of contributing I political committee.	C		15.00
Name Motori any	of Employer sts Mutual Ins Comp-	Occupation Assist. V.	Ρ.	Payroll deduction of \$15 per pay
	ot For: Primary General Other (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 390.00	]
SUBTOT	AL of Receipts This Page (optional)			45.00
	This Period (last page this line number of		-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 108 / 263           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7435
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		07 / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7502
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	275.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		M M / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7573
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) $\bigtriangledown$	300.00	
ſ	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 sched for each category of Detailed Summary F	ule(s) ( the	FOR LINE NUMBER:         PAGE 109 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by lress of any political cor	any person for mittee to sol	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY C	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				08 / 24 / Y Y Y 2007
	City	State	Zip Code	_	Transaction ID: SA11AI.7641
	Sheboygan	WI	53083	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00 Payroll deduction of \$25
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		per pay
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>		
	Other (specify) ▼	0 0	32	25.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				09 / D D / Y Y Y Y 09 07 2007
	City	State	Zip Code		Transaction ID: SA11AI.7706
	<u>Sheboygan</u>	WI	53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼	0 0	35	0.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				M M / D D / Y Y Y Y 09 21 2007
	City	State	Zip Code		Transaction ID: SA11AI.7775
	<u>Sheboygan</u>	WI	53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼		37	75.00	
	SUBTOTAL of Receipts This Page (optional)			►	75.00
	TOTAL This Period (last page this line number of				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 110 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any plices of any political committee	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY C	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenue			10 <sup> / V V V V</sup> 10 <sup> / D D</sup> / V V V V 2007
	City	State	Zip Code	Transaction ID: SA11AI.7860
	Sheboygan	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration	per pay
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) ▼	0 0	400.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenue			10 <sup>/</sup> 19 <sup>/</sup> Y Y Y 10 <sup>/</sup> 19 <sup>/</sup> 2007
	City	State	Zip Code	Transaction ID: SA11AI.7932
	<u>Sheboygan</u>	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Wilson Mutual Ins. Co.		Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.8016
	<u>Sheboygan</u>	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)			75.00
	TOTAL This Period (last page this line number c	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedu for each category of tl Detailed Summary Pa	le(s) ( he	COR LINE NUMBER:       PAGE 111/263         check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	tatements may name and add	v not be sold or used by a dress of any political com	any person fo mittee to sol	or the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND		
, А.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				M M / D D / Y Y Y Y 11 1 16 2007
	City	State	Zip Code		Transaction ID: SA11AI.8094
	Sheboygan	WI	53083	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>		
	Other (specify) ▼	0 0	475	5.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				M M / D D / Y Y Y Y 11 30 2007
	City	State	Zip Code		Transaction ID: SA11AI.8165
	Sheboygan	WI	53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		Payroll deduction of 25.00 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify)		500	0.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date of Receipt
	Mailing Address 5729 Superior Avenue				M M / D D / Y Y Y Y 12 14 2007
	City	State	Zip Code		Transaction ID: SA11AI.8243
	Sheboygan	WI	53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 525	5.00	
[		<u> </u>			75.00
	SUBTOTAL of Receipts This Page (optional)				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	TOTAL This Period (last page this line number of	only)		🕨	

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 112 / 263         (check only one)       Image: Check only one in the image: Check on iteration in the image: Checkkon iteration in the image: Checkon iteration
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY (	CIVIC FUND	
م. م	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenue			1 2 / 2 2 / Y Y Y Y 1 2 0 0 7
	City Sheboygan	State WI	Zip Code 53083	Transaction ID: SA11AI.8311
	FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. /	n Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	]
 3.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt
				07 13 2007
	City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.7463
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	1 1	President, CIO	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 420.00	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			07 27 Y Y Y Y 07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.7530
	Worthington FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Insurance Company		President, CIO	Payroll deduction \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]
s	<b>UBTOTAL</b> of Receipts This Page (optional)	I		85.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 113 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		M M / D D / Y Y Y Y 0 8 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7601
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$30 per pay
	Company	Sr. Vice President, CIO	
	Receipt For: Primary General	Aggregate Year-to-Date	-
	Other (specify) $\blacksquare$	480.00	
В.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		M · M         /         D · D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7668
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	510.00	
C.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7733
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	540.00	
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 114 / 263           (check only one)         X           X         11a         11b           13         14         15         16
/ c	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and ad	y not be sold or used by any pers dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			09 / 21 / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.7802
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance	Occupatio		per pay
	Company Receipt For:	1 1	President, CIO	
	Primary General Other (specify) ▼		570.00	
_	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			10 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State	Zip Code	Transaction ID: SA11AI.7893
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupatio Sr. Vice	<sup>n</sup> President, CIO	per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	600.00	
_	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			10 19 Y Y Y Y 10 19 2007
	City	State	Zip Code	Transaction ID: SA11AI.7961
	Worthington	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company		President, CIO	per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-1
	Other (specify)	0 0	630.00	
Γ	SUBTOTAL of Receipts This Page (optional)			90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 115 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY (	CIVIC FUND	
۷ A.	, Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.8045
	Worthington FEC ID number of contributing	OH C	43235	Amount of Each Receipt this Period 30.00
	federal political committee.			Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance	Occupation Sr. Vice F	י President, CIO	per pay
	Company Receipt For:	1	Year-to-Date V	
	Primary     General       Other (specify) ▼		660.00	
- B.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y 1 1 1 16 2007
	City	State	Zip Code	Transaction ID: SA11AI.8124
	Worthington	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice F	President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	1 1	Year-to-Date V	
	Other (specify) ▼	0 0	690.00	
- C.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8195
	Worthington	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice F	n President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	720.00	
[	SUBTOTAL of Receipts This Page (optional)	I		90.00
	<b>TOTAL</b> This Period (last page this line number	only)		

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 116 / 263
			Use separate schedule(s) for each category of the	(check only one)
•			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may name and add	y not be sold or used by any per dress of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			12 / D D / Y Y Y Y 12 / 14 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.8272
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupatio	n	Payroll deduction of \$30
	Motorists Mutuál Insurance <u>Company</u>	1 1	President, CIO	
	Receipt For: Primary General	Aggregate	e Year-to-Date	
	Other (specify)	0 0	750.00	
- В.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			1 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8339
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$30 per pay
	Company	1 · · · · · · · · · · · · · · · · · · ·	President, CIO	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	780.00	
- c.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
-	Mailing Address 3910 Caswell Road			07 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.7464
	Johnstown	OH	43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$20 per pay
	Company Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V	
	Primary General Other (specify) ▼		280.00	
Γ				80.00
╞	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 117 / 263 (check only one)
116	EMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
1	Mailing Address 3910 Caswell Road		07 27 Y Y Y Y 07 27 2007
	Dity	State Zip Code	Transaction ID: SA11AI.7531
-	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С	20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$20 per pay
	Company Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	300.00	
	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
1	Mailing Address 3910 Caswell Road		0 8 / D D / Y Y Y Y 0 8 10 2007
Ī	City	State Zip Code	Transaction ID: SA11AI.7602
2	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	320.00	
	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
١	Mailing Address 3910 Caswell Road		0 8 / D D / Y Y Y Y 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7669
-	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	340.00	
su	BTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
	TAL This Period (last page this line number of		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any persor the name and address of any political committee to	FOR LINE NUMBER:       PAGE 118 / 263         (check only one)       Image: Comparison of the symplectic contributions         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       10       10       17
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		
A. Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road		Date of Receipt
		09 07 2007
City	State Zip Code	Transaction ID: SA11AI.7734
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00 Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	360.00	
Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		M · M         /         D · D         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
City	State Zip Code	Transaction ID: SA11AI.7803
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	380.00	
Full Name (Last, First, Middle Initial)           John C. Kessler	1	Date of Receipt
Mailing Address 3910 Caswell Road		10 <sup>//</sup> 05 <sup>/</sup> 2007
City	State Zip Code	Transaction ID: SA11AI.7894
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional	)	60.00
TOTAL This Period (last page this line numb	·•	

Motorists Mutuál Insurance Company       Vice         Receipt For:       Aggr         Primary       General         Other (specify) ▼       Image: Company         Full Name (Last, First, Middle Initial)       John C. Kessler	d address of any political committee to s NY CIVIC FUND te Zip Code	13       14       15       16       1         of or the purpose of soliciting contributions solicit contributions from such committee.       1       1         Date of Receipt       1       1       1       2       0       7         Transaction ID:       SA11AI.7962       Amount of Each Receipt this Period       20.00       20.00         Payroll deduction of \$20 per pay       9       20       20       20
MOTORISTS MUTUAL INSURANCE COMPA         Full Name (Last, First, Middle Initial)         John C. Kessler         Mailing Address         Mailing Address         3910 Caswell Road         City         Star         Johnstown         FEC ID number of contributing federal political committee.         Name of Employer Motorists Mutual Insurance Company         Receipt For:         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         John C. Kessler	te Zip Code 43031 pation President egate Year-to-Date <b>V</b>	M       M       /       D       /       Y       Y       Y       Y         1       0       1       9       2       0       7         Transaction ID: SA11AI.7962         Amount of Each Receipt this Period         20.00       20.00         Payroll deduction of \$20
A.       John C. Kessler         Mailing Address       3910 Caswell Road         City       State         Johnstown       OF         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Insurance Company       Occur         Receipt For:       Aggr         Other (specify) ▼       Full Name (Last, First, Middle Initial)         John C. Kessler       State	43031 pation President egate Year-to-Date ▼	M       M       /       D       /       Y       Y       Y       Y         1       0       1       9       2       0       7         Transaction ID: SA11AI.7962         Amount of Each Receipt this Period         20.00       20.00         Payroll deduction of \$20
City     Sta       Johnstown     OF       FEC ID number of contributing federal political committee.     C       Name of Employer Motorists Mutual Insurance Company     Occur Vice       Receipt For:     Aggr       Primary     General       Other (specify) ▼     I       Full Name (Last, First, Middle Initial) John C. Kessler     John C. Kessler	43031 pation President egate Year-to-Date ▼	10       19       2007         Transaction ID: SA11AI.7962         Amount of Each Receipt this Period         20.00         Payroll deduction of \$20
Johnstown     OF       FEC ID number of contributing federal political committee.     C       Name of Employer Motorists Mutual Insurance Company     Occurrent Vice       Receipt For:     Aggr       Primary     General       Other (specify) ▼     Image: Company       Full Name (Last, First, Middle Initial) John C. Kessler     John C. Kessler	43031 pation President egate Year-to-Date ▼	Amount of Each Receipt this Period 20.00 Payroll deduction of \$20
FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Insurance Company       Occur Vice         Receipt For:       Aggr         Primary       General         Other (specify) ▼       Full Name (Last, First, Middle Initial) John C. Kessler	pation President egate Year-to-Date ▼	20.00 Payroll deduction of \$20
federal political committee.       Occur         Name of Employer Motorists Mutual Insurance Company       Occur         Receipt For:       Aggr         Primary       General         Other (specify) ▼       Image: Company         Full Name (Last, First, Middle Initial) John C. Kessler       John C. Kessler	President egate Year-to-Date V	Payroll deduction of \$20
Motorists Mutuál Insurance Company       Vice         Receipt For:       Aggr         Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       John C. Kessler	President egate Year-to-Date V	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John C. Kessler		_
Other (specify) ▼         Full Name (Last, First, Middle Initial)         John C. Kessler	420.00	
John C. Kessler		
		Date of Receipt
Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 11 1 02 2007
City Sta	1	Transaction ID: SA11AI.8046
Johnstown OF	43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Motorists Mutual Insurance	pation President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	egate Year-to-Date 🔻	
Primary     General       Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 111 16 2007
City Sta		Transaction ID: SA11AI.8125
Johnstown OF	43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Motoriete Multuál Incurance	pation President	Payroll deduction of \$20 per pay
Receipt For: Aggr	egate Year-to-Date 🔻	
Primary General Other (specify) ▼	460.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 / 263 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		
Full Name (Last, First, Middle Initial)  A. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y Y 11 1 30 2007
City	State Zip Code	Transaction ID: SA11AI.8196
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$20 per pay
Company Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y Y 12 14 2007
City	State Zip Code	Transaction ID: SA11AI.8273
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
Receipt For:	Aggregate Year-to-Date 🔻	_
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 12 22 2007
City	State Zip Code	Transaction ID: SA11AI.8340
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	520.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 121 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt	
	Mailing Address 6934 Roundwood Ct.	07 / 13 / Y Y Y Y 07 / 13	
	City	State Zip Code	Transaction ID: SA11AI.7465
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	350.00	
- В.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		07 / 27 / Y Y Y 07 / 27 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7532
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	375.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		08 10 V Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7603
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) $\bigtriangledown$	400.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	75.00
ŀ	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 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		M M         /         D D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7670
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	425.00	
- В.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.	M M / D D / Y Y Y Y 09 07 2007	
	City	State Zip Code	Transaction ID: SA11AI.7735
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	450.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King	1	Date of Receipt
	Mailing Address 6934 Roundwood Ct.	M M / D D / Y Y Y Y 09 21 2007	
	City	State Zip Code	Transaction ID: SA11AI.7804
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
		Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	475.00	
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
ŀ	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 123 / 263         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (		
Α.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt	
	Mailing Address 6934 Roundwood Ct.	10 <sup>//</sup> 05 <sup>/</sup> Y Y Y 10 <sup>//</sup> 05 <sup>/</sup> 2007	
	City	State Zip Code	Transaction ID: SA11AI.7895
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	Payroll deduction of \$25 per pay
	pany Receipt For:	Vice President Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	500.00	
-	Full Name (Last, First, Middle Initial)		
В.	Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.	10 <sup>M</sup> 19 <sup>J</sup> 2007	
	City	State Zip Code	Transaction ID: SA11AI.7963
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	525.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
0.	Mailing Address 6934 Roundwood Ct.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.8047
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify)     ▼	550.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	75.00
ŀ			
	<b>TOTAL</b> This Period (last page this line number	oniy) 🕨	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 124 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.		Date of Receipt
			11 16 2007
	City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.8126 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  575.00	
в.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.		Date of Receipt
			11 30 2007
	City Dublin	State Zip Code OH 43016	Transaction ID: SA11AI.8197 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 600.00	
С.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.	1 2 / 1 4 / Y Y Y Y 1 2 / 1 4	
	City	State Zip Code	Transaction ID: SA11AI.8274
	Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date 625.00	
	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 s for each categ Detailed Summ	pory of the
	NAME OF COMMITTEE (In Full)	e name and address of any politic	cal committee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.	Date of Receipt	
	Maining Address 6934 Roundwood Cl.	12 / 22 / Y Y Y Y 12 / 22 / 2007	
	City	State Zip Code	Transaction ID: SA11AI.8341
	Dublin FEC ID number of contributing federal political committee.	OH 43016 C	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	650.00
- В.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court		Date of Receipt
			07 13 2007
	City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.7466 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	210.00
- C.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		07 27 Y Y Y Y 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7533
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	225.00
ſ	SUBTOTAL of Receipts This Page (optional)		55.00
	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 126 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		0 8 1 0 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7604
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	240.00	
в.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7672
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	255.00	
с.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7736
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate s	chedule(c)	FOR LINE NUMBER: PAGE 127 / 263
	ITEMIZED RECEIPTS	for each catego	ory of the	(check only one)
-		Detailed Summ	ary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or use name and address of any politica	ed by any person al committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND		
A.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt		
	Mailing Address 1139 Tidewater Court			09 21 YYYY 2007
	City	State Zip Code		Transaction ID: SA11AI.7805
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation		Payroll deduction of \$15 per pay
	Receipt For:	Assist. V. P. Aggregate Year-to-Date		-
	Primary General		005 00	
	Other (specify) <b>v</b>		285.00	
- В.	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			10 <sup>1</sup>
	City	State Zip Code		Transaction ID: SA11AI.7896
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist, V. P.		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V		-
	Primary General		300.00	
_	Other (specify) ▼	0 0 0 0 0 0	0 0 0	
с.	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			10 19 2007
	City	State Zip Code		Transaction ID: SA11AI.7964
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		315.00	
ſ				45.00
╞	SUBTOTAL of Receipts This Page (optional)		····· •	43.00
	TOTAL This Period (last page this line number of	nly)	►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 128 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt	
	Mailing Address 1139 Tidewater Court	M M / D D / Y Y Y Y 111 02 2007	
	City	State Zip Code	Transaction ID: SA11AI.8048
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	330.00	
- В.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8127
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	345.00	
- C.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		M M / D D / Y Y Y Y Y 1 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8198
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
ŀ	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 129 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8275
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
в.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court		Date of Receipt
		12 22 2007	
	City	State Zip Code	Transaction ID: SA11AI.8342
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 390.00	
с.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street		Date of Receipt
	City	State Zip Code	07 27 2007 Transaction ID: SA11AI.7503
	Manitowoc FEC ID number of contributing federal political committee.	WI 45220	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	SUBTOTAL of Receipts This Page (optional)	•	50.00
Ī	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 130 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7574
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify) ▼	240.00	
в.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7642
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	]
С.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7707
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	]
	SUBTOTAL of Receipts This Page (optional)	······	60.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	[		FOR LINE NUMBER: PAGE 131 / 263	
			Use separate schedule(s) for each category of the	(check only one)	
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	itatements may name and add	not be sold or used by any per ress of any political committee	son for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
	> MOTORISTS MUTUAL INSURANCE C	COMPANY C	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt	
	Mailing Address 728 South 29th Street	09 / 21 / Y Y Y 09 21			
	City	State	Zip Code	Transaction ID: SA11AI.7776	
	Manitowoc	WI	45220	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Wilson Mutual Ins. Co.	Occupation		Payroll deduction of \$20 per pay	
	Receipt For:	, I	ncy Operations		
	Primary General	Aggregate	Year-to-Date		
	Other (specify)	0 0	300.00		
- В.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt	
	Mailing Address 728 South 29th Street			10 05 Y Y Y Y 10 07	
	City	State	Zip Code	Transaction ID: SA11AI.7861	
	Manitowoc	WI	45220	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Ager	ncy Operations	Payroll deduction of \$20 per pay	
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	Year-to-Date V		
	Primary     General       Other (specify) ▼	0 0	320.00		
- C.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt	
0.	Mailing Address 728 South 29th Street			10 19 2007	
	City	State	Zip Code	Transaction ID: SA11AI.7933	
	Manitowoc	WI	45220	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Ager	ncy Operations	Payroll deduction of \$20 per pay	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary     General       Other (specify)     ▼	0.0	340.00		
ſ	SUBTOTAL of Receipts This Page (optional)	I		60.00	
ŀ					
	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 / 263         (check only one)       11c         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8017
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	360.00	
В.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	·	Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8095
		WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00 Paryoll deduction of \$20
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	380.00	
С.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 11 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8166
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	400.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	60.00
	TOTAL This Period (last page this line number	only)	

City     State     Zip Code     Transaction ID: SA11AI.824       Manitowoc     WI     45220     Amount of Each Receipt this Press	16 17 utions hittee.
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         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 Wilson Mutual Ins. Co.       Occupation V.P. Agency Operations         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼	
A.       Mr. Michael S Lappin       Date of Receipt         Mailing Address       728 South 29th Street	
City       State       Zip Code       Transaction ID: SA11AI.824         Manitowoc       WI       45220       Amount of Each Receipt this P         FEC ID number of contributing federal political committee.       C       Payroll deduction of \$20 per pay         Name of Employer Wilson Mutual Ins. Co.       V.P. Agency Operations       Payroll deduction of \$20 per pay         Receipt For:       Aggregate Year-to-Date ▼       420.00	
Manitowoc     WI     45220       FEC ID number of contributing federal political committee.     C       Name of Employer Wilson Mutual Ins. Co.     Occupation V.P. Agency Operations       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     420.00	0 0 7 Y
FEC ID number of contributing federal political committee.       C       Payroll deduction of \$20         Name of Employer Wilson Mutual Ins. Co.       Occupation V.P. Agency Operations       Payroll deduction of \$20 per pay         Receipt For:       Aggregate Year-to-Date ▼       420.00         Other (specify) ▼       420.00	4
federal political committee.       Image: Committee.       Image: Committee.       Payroll deduction of \$20 per pay         Name of Employer Wilson Mutual Ins. Co.       V.P. Agency Operations       Payroll deduction of \$20 per pay         Receipt For:       Aggregate Year-to-Date ▼       Image: Committee.       Payroll deduction of \$20 per pay         Primary       General       420.00       Image: Committee.       Image: Committee.	eriod
Wilson Mutual Ins. Co.     V.P. Agency Operations     per pay       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     420.00	20.00
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify) ▼       420.00	
Other (specify) ▼ 420.00	
Full Name (Last First Middle Initial)	
B.       Mr. Michael S Lappin       Date of Receipt	
	0 0 7
City State Zip Code Transaction ID: SA11AI.831	2
Manitowoc WI 45220 Amount of Each Receipt this P	eriod
rederal political committee.	20.00
Name of Employer Wilson Mutual Ins. Co.OccupationPayroll deduction of \$20 per payV.P. Agency Operations	
Receipt For: Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     Image: Control of the specific spec	
Full Name (Last, First, Middle Initial) C. Mr. Todd Lawrence Date of Receipt	
	0 0 7
City State Zip Code Transaction ID: SA11AI.746	
Revnoldsburg OH 43068 Amount of Each Receipt this P	eriod
rederal political committee.	15.00
Name of Employer Motorists Mutual Ins. Com- panyOccupationPayroll deduction of \$15 per pay	
Receipt For: Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     ▼	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	55.00

	EDULE A (FEC Form 3X) NIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 134 / 263           (check only one)         X           X         11a           11b         11c           12           13         14           15         16
or for c	commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
<b>M</b> r.	Name (Last, First, Middle Initial) Todd Lawrence			Date of Receipt
	ling Address 8447 Priestley Drive			07 <sup>D</sup> 27 <sup>Y</sup> 2007
City	/ ynoldsburg	State OH	Zip Code 43068	Transaction ID: SA11AI.7535
FE	C ID number of contributing eral political committee.	C		Amount of Each Receipt this Period
Nar Mo par	ne of Employer torists Mutual Ins. Com- ly	Occupatio Assist. V		Payroll deduction of \$15 per pay
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
<b>B.</b> <u>Mr.</u>	Name (Last, First, Middle Initial) Todd Lawrence			Date of Receipt
Mai	ling Address 8447 Priestley Drive			08 / D D / Y Y Y Y 2007
City		State	Zip Code	Transaction ID: SA11AI.7606
FE	ynoldsburg C ID number of contributing eral political committee.	ОН	43068	Amount of Each Receipt this Period
Mo <u>par</u>		Occupatio Assist. V	. P.	Payroll deduction of \$15 per pay
Rec	ceipt For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 240.00	
	Name (Last, First, Middle Initial) Todd Lawrence			Date of Receipt
Mai	ling Address 8447 Priestley Drive			M M / D D / Y Y Y Y 08 24 2007
City		State	Zip Code	Transaction ID: SA11AI.7674
FE	ynoldsburg C ID number of contributing eral political committee.	OH C	43068	Amount of Each Receipt this Period
par		Occupatio Assist. V		Payroll deduction of \$15 per pay
Rec	ceipt For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 255.00	
		1		45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 135 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		0 9 / 0 7 / Y Y Y Y 0 9 / 0 7 / 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7738
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General	270.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7807
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	285.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		10 <sup>M M</sup> / D D / Y Y Y Y 12007
	City	State Zip Code	Transaction ID: SA11AI.7898
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	45.00
F	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 136 / 263         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7966
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
		Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	315.00	
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8050
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	330.00	
С.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8129
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	345.00	
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 137 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	
		COMPANY CIVIC FUND	1
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 1 1 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8200
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	360.00	]
- В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8277
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	375.00	
- c.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	1	Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8344
	Reynoldsburg FEC ID number of contributing	OH 43068	Amount of Each Receipt this Period
	federal political committee.		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	390.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	45.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 138 / 263
		1	Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may no name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIV	IC FUND	
A.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 07 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.7469
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$15
	pany	Assist. V. P.		
	Receipt For:	Aggregate Ye	ar-to-Date ▼	1
	Other (specify)		210.00	
- В.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.7536
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.		Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Ye		_
	Primary General		225.00	1
	Other (specify) <b>v</b>	0 0 0	225.00	
С.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 08 10 2007
	City	State	Zip Code	Transaction ID: SA11AI.7607
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.		Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Ye		_
	Primary     General       Other (specify) ▼		240.00	]
ſ		1		45.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number of	only)		

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         Mailing Address       6740 Callaway Court         City       State         Vesterville       OH         43082       Transaction ID: SA11AL.7675         Amount of Each Receipt Initial ins. Company       Occupation         Motorists Mutual Ins. Company       Occupation         Adgregate Year-to-Date       Image: Adgregate Year-to-Date         Full Name (Last, First, Middle Initial)       Date of Receipt         B.       Full Name (Last, First, Middle Initial)         Mailing Address       6740 Callaway Court       Occupation         Aggregate Year-to-Date       Image: Partial Committee       Payroll deduction of \$15         Primary       General       Other (specify)        Image: Partial Code         Image: Partial Receipt For:       Aggregate Year-to-Date       Image: Partial Code       Image: Partial Code         Michael Lisi       Mailing Address       6740 Callaway Court       Image: Partial Code       Image: Partial Code         Mailing Address       6740 Callaway Court       Image: Partial Code </th <th>Ŷ</th>	Ŷ
A.       Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court	7
A.       Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court       Date of Receipt         City       State       Zip Code         Westerville       OH       43082         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7675         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Amount of Each Receipt this Period         Primary       General Other (specify)       Occupation Assist. V. P.       Payroll deduction of \$15 per pay         B.       Full Name (Last, First, Middle Initial) Mailing Address       Date of Receipt         Mailing Address       6740 Callaway Court       Date of Receipt         City       State       Zip Code         Mailing Address       6740 Callaway Court       Date of Receipt         City       State       Zip Code         Mailing Address       6740 Callaway Court       Date of Receipt this Period         City       State       Zip Code         Mesterville       OH       43082         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15 per pay <th>7</th>	7
City     State     Zip Code       Westerville     OH     43082       FEC ID number of contributing federal political committee.     C       Name of Employer Motorists Mutual Ins. Com- pany     Occupation Assist. V. P.       Primary     General Other (specify) ♥       Full Name (Last, First, Middle Initial)       Mailing Address     6740 Callaway Court       City     State       Zip Code       Mailing Address     6740 Callaway Court       City     State       Zip Code       Mailing Address     6740 Callaway Court       City     State       Zip Code       Mailing Address     6740 Callaway Court       City     State       Zip Code       Mailing Address     6740 Callaway Court       Mailing Address     6740 Callaway Court       Mailing Address     6740 Callaway Court       City     State       Zip Code     Transaction ID: SA11AI.7739       Amount of Each Receipt this Period       Mailing Address     6740 Callaway Court       Mailing Address     6740 Callaway Court       Payroll deduction of \$15       Payroll deduction of \$15       Payroll deduction of \$15	7
Westerville       OH       43082       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       15.0         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Payroll deduction of \$15         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction of \$15         Other (specify) ▼       255.00       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Michael Lisi       OH       43082         Mailing Address       6740 Callaway Court       Mailing Address         City       State       Zip Code         Vesterville       OH       43082         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.	)
FEC ID number of contributing federal political committee.       C       15.0         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Payroll deduction of \$15         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$15         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court       Mode and the second the seco	2
federal political committee.       Image: Company in the part of the part	0
Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Assist. V. P.       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       255.00         B.       Full Name (Last, First, Middle Initial)         Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court         City       State       Zip Code         Vesterville       OH       43082         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Material of Employer       Occupation         May       Payroll deduction of \$15	
Primary       General         Other (specify)       255.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court         City       State       Zip Code         Westerville       OH       43082         FEC ID number of contributing federal political committee.       C         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.	
Other (specify) ▼       255.00         B.       Full Name (Last, First, Middle Initial) Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court       0 9 / 0 7 / 2 0 0         City       State       Zip Code         Westerville       OH       43082         FEC ID number of contributing federal political committee.       C       15.0         Name of Employer Motorists Mutual Ins. Com- pany       Occupation Assist. V. P.       Payroll deduction of \$15 per pay	
B.       Michael Lisi       Date of Receipt         Mailing Address       6740 Callaway Court       0 0 7 2 0 0         City       State       Zip Code         Westerville       OH 43082       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       15.0         Name of Employer Motorists Mutual Ins. Company       Occupation Assist. V. P.       Payroll deduction of \$15 per pay	
City     State     Zip Code       Westerville     OH     43082       FEC ID number of contributing federal political committee.     C       Name of Employer Motorists Mutual Ins. Company     Occupation Assist. V. P.	
City     State     Zip Code       Westerville     OH     43082       FEC ID number of contributing federal political committee.     C     Transaction ID: SA11AI.7739       Name of Employer Motorists Mutual Ins. Com- pany     Occupation Assist. V. P.     Payroll deduction of \$15 per pay	
FEC ID number of contributing federal political committee.     C     15.0       Name of Employer Motorists Mutual Ins. Company     Occupation Assist. V. P.     Payroll deduction of \$15 per pay	
federal political committee.     Occupation       Name of Employer Motorists Mutual Ins. Com- pany     Occupation Assist. V. P.	
Motorists Mutual Ins. Com- pany Assist. V. P.	)
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 270.00	
Full Name (Last, First, Middle Initial)     Date of Receipt	
Mailing Address 6740 Callaway Court	
City State Zip Code Transaction ID: SA11AI.7808	_
Westerville OH 43082 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	כ
Name of Employer Motorists Mutual Ins. Com- pany     Occupation Assist. V. P.     Payroll deduction of \$15 per pay	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       285.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and SI	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 140 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C Full Name (Last, First, Middle Initial)	name and address of any political committee to	solicit contributions from such committee.
Α.	Michael Lisi Mailing Address 6740 Callaway Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7899
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00	
- В.	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court		Date of Receipt
			10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7967
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Primary General Other (specify) ▼	315.00	
- С.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8051
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 330.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	45.00
Ī	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 141 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		1 1 1 1 6 Y Y Y Y 1 1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8130
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	345.00	
- В.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8201
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	360.00	
- C.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		12 / D D / Y Y Y Y 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8278
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	375.00	
	SUBTOTAL of Receipts This Page (optional)	······	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 142 / 263           (check only one)         X           X         11a           11b         11c           13         14
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personance and address of any political committee te COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8345
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>	15.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to-Date ▼ 390.00	Payroll deduction of \$15 per pay
- 3.	Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Aver	nue	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7470
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
- ).	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Aven		07 / 27 / Y Y Y Y 07 / 27 / 2007
	City Worthington	State Zip Code OH 43285	Transaction ID: SA11AI.7537 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Γ			45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 143 / 263           (check only one)         11a           X         11a           13         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Avenu		Date of Receipt
			08 10 2007
		State Zip Code	Transaction ID: SA11AI.7608
	Worthington FEC ID number of contributing	OH 43285	Amount of Each Receipt this Period
	federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	240.00	
В.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenu	Je	0 8 2 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7676
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	255.00	
С.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenu	le	
	City	State Zip Code	Transaction ID: SA11AI.7740
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	270.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 144 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         16
A 0	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Ave	enue	09 21 Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7809
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	285.00	]
	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Ave	nue	10 <sup>//</sup> <sup>0</sup> <sup>0</sup> <sup>1</sup> <sup>2</sup> <sup>0</sup> <sup>7</sup> <sup>1</sup>
	City	State Zip Code	Transaction ID: SA11AI.7900
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	- Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Ave	nue	M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7968
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date	-
	Other (specify)	315.00	
			45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 145 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Avenu		Date of Receipt
			11 02 2007
	City Worthington	State Zip Code OH 43285	Transaction ID: SA11AI.8052
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
в.	Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Aven	ue	Date of Receipt
		Stata Zin Cada	
	City Worthington	State Zip Code OH 43285	Transaction ID: SA11AI.8131 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 345.00	
С.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Aven	ne	1 1 / 3 0 / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8202
	Worthington FEC ID number of contributing federal political committee.	OH 43285	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
Ī	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 146 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenu	M · M         /         D · D         /         Y · Y · Y · Y         Y           12         14         2007	
	City	State Zip Code	Transaction ID: SA11AI.8279
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	375.00	
- B.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenu	e	M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8346
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	390.00	
- C.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II		Date of Receipt
	Mailing Address 4848 St. Medan Drive		07 / D D / Y Y Y Y 02007
	City	State Zip Code	Transaction ID: SA11AI.7471
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	378.00	
ſ	SUBTOTAL of Receipts This Page (optional)		57.00
ŀ	TOTAL This Period (last page this line number of		

	OULE A (FEC Form 3X) ED RECEIPTS	Use separate sched for each category of Detailed Summary P	
or for com	nercial purposes, other than using the r OF COMMITTEE (In Full)	ame and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	DRISTS MUTUAL INSURANCE C me (Last, First, Middle Initial)	JMPANY CIVIC FUND	
	R. Lyons, Il Address 4848 St. Medan Drive		Date of Receipt
City		State Zip Code	Transaction ID: SA11AI.7538
Weste	erville	OH 43082	Amount of Each Receipt this Period
	number of contributing political committee.	C	27.00
Name c Motoris Co.	of Employer ts Mutual Insurance	Occupation Vice President	Payroll deduction of \$27 per pay
	: For: rimary General ther (specify) ▼	Aggregate Year-to-Date  40	05.00
B. Orville F	me (Last, First, Middle Initial) R. Lyons, II Address 4848 St. Medan Drive		Date of Receipt
	Address 4040 St. Medali Dilve		
City		State Zip Code	Transaction ID: SA11AI.7609
	number of contributing political committee.	OH 43082	Amount of Each Receipt this Period 27.00
Name c Motoris <u>Co</u> .	f Employer ts Mutual Insurance	Occupation Vice President	Payroll deduction of \$27 per pay
	For: rimary General ther (specify) <b>▼</b>	Aggregate Year-to-Date  43	32.00
	me (Last, First, Middle Initial) R. Lyons, II		Date of Receipt
	Address 4848 St. Medan Drive		M + M         /         D + D         /         Y
City Weste	rville	State Zip Code OH 43082	Transaction ID: SA11AI.7677 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.		27.00
<u>Co.</u>	of Employer ts Mutual Insurance	Occupation Vice President	Payroll deduction of \$27 per pay
	rimary General ther (specify) <b>▼</b>	Aggregate Year-to-Date ▼ 45	59.00
SUBTOT	AL of Receipts This Page (optional)		81.00
TOTAL T	his Period (last page this line number o	nly)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 148 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE O	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II Mailing Address 4848 St. Medan Drive		Date of Receipt
	City	State Zip Code	
	Westerville	OH 43082	Transaction ID: SA11AI.7741 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 486.00	]
в.	Full Name (Last, First, Middle Initial) Orville R. Lyons, Il Mailing Address 4848 St. Medan Drive		Date of Receipt
			09 21 2007
	City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.7810
	FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  513.00	]
с.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II		Date of Receipt
	Mailing Address 4848 St. Medan Drive		10 <sup> D D</sup> / Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.7901
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period 27.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$27 per pay
	Co. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
	SUBTOTAL of Receipts This Page (optional)	······	81.00
	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 149 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II	Date of Receipt	
	Mailing Address 4848 St. Medan Drive	M M / D D / Y Y Y Y 10 19 2007	
	City	State Zip Code	Transaction ID: SA11AI.7969
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$27</li> <li>per pay</li> </ul>
	Co.	Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) $\bigtriangledown$	567.00	
в.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II		Date of Receipt
Б.	Mailing Address 4848 St. Medan Drive		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.8053
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27.00 Payroll deduction of \$27
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	594.00	
C.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II		Date of Receipt
	Mailing Address 4848 St. Medan Drive		M M / D D / Y Y Y Y 11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8132
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 621.00	
	SUBTOTAL of Receipts This Page (optional)	L	81.00
	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 150 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II Mailing Address 4848 St. Medan Drive		Date of Receipt
			11 30 2007
	City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.8203
	FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00	]
В.	Full Name (Last, First, Middle Initial) Orville R. Lyons, Il Mailing Address 4848 St. Medan Drive		Date of Receipt
		12 14 2007	
	City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.8280
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	<ul> <li>Payroll deduction of \$27</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	]
С.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II		Date of Receipt
	Mailing Address 4848 St. Medan Drive		12 D D / Y Y Y Y 122 2007
	City	State Zip Code	Transaction ID: SA11AI.8347
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll deduction of \$27 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 702.00	]
	SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	81.00
	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 151 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
		State Zin Cada	09 07 2007
	City DePere	State Zip Code WI 54115	Transaction ID: SA11AI.7708 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
в.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
	City	State Zip Code	09 21 2007
	DePere	WI 54115	Transaction ID: SA11AI.7777 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 225.00	]
с.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		10 <sup> D D</sup> / Y Y Y Y 10 <sup> D D</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7862
	DePere FEC ID number of contributing federal political committee.	WI 54115	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	]
	SUBTOTAL of Receipts This Page (optional)	•	45.00
Ī	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 152 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
			10 19 2007
	City DePere	State Zip Code WI 54115	Transaction ID: SA11AI.7934 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
в.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
	City	State Zip Code	
	DePere	WI 54115	Transaction ID: SA11AI.8018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 270.00	
с.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		11 <sup>M</sup> 16 <sup>7</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.8096
	DePere FEC ID number of contributing federal political committee.	WI 54115	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
Ī	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 153 / 263         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
		State Zin Cada	
	City DePere	State Zip Code WI 54115	Transaction ID: SA11AI.8167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14		Date of Receipt
	City	State Zip Code	12 14 2007
	DePere	WI 54115	Transaction ID: SA11AI.8245 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 315.00	
С.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8313
	DePere FEC ID number of contributing federal political committee.	WI 54115	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 330.00	
	SUBTOTAL of Receipts This Page (optional)	►	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 154 / 263         (check only one)       I1a       11b       11c       12         I 11       I 12       I15       I6       1
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			07 / 13 / Y Y Y Y 0.7 / 13 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.7490
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual	Occupatio	<sup>n</sup> Chief Operating Officer	Payroll deduction of \$25 per pay
	Ins. Receipt For:	1 1	e Year-to-Date	_
	Primary General Other (specify) ▼		250.00	]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			07 27 Y Y Y Y 07 2007
	City	State	Zip Code	Transaction ID: SA11AI.7558
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	]
-	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 08 10 2007
	City	State	Zip Code	Transaction ID: SA11AI.7628
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
Γ		1		75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 155 / 263         (check only one)
A	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (			
<u>لا</u> ۱.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			08 24 Y Y Y Y 08 24
	City	State	Zip Code	Transaction ID: SA11AI.7696
	Chanhassen FEC ID number of contributing federal political committee.	MN C	55317	Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 325.00	]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7761
	<u>Chanhassen</u> FEC ID number of contributing federal political committee.	MN C	55317	Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual Ins.	1 · ·	Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M         /         D D         /         Y
	City Chanhassen	State MN	Zip Code 55317	Transaction ID: SA11AI.7831
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual Ins.		Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate	e Year-to-Date ▼ 375.00	]
	SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 156 / 263         (check only one)
A	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements main name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (			
<u>ل</u> ا ۸.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			10 <sup>DD</sup> /YYYY 12007
	City	State	Zip Code	Transaction ID: SA11AI.7922
	Chanhassen FEC ID number of contributing federal political committee.	MN C	55317	Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual	Occupatio	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Ins. Receipt For: Primary General Other (specify) <b>v</b>	1	Year-to-Date ▼ 400.00	]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7989
	<u>Chanhassen</u> FEC ID number of contributing federal political committee.	MN C	55317	Amount of Each Receipt this Period 25.00
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 1 1 02 2007
	City Chanhassen	State MN	Zip Code 55317	Transaction ID: SA11AI.8074 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	1 1	Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	]
	SUBTOTAL of Receipts This Page (optional)	1	•	75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 157 / 263           (check only one)         X           X         11a           11b         11c           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
× ۹.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			1 1 / 1 6 / Y Y Y Y 1 1 1 1 6 / 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8152
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual	Occupatio		Payroll deduction of \$25 per pay
	Ins. Receipt For:	1 1	Chief Operating Officer	_
	Primary General Other (specify) ▼		475.00	]
- 3.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 1 1 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.8225
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
-	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
-	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 12 14 2007
	City	State	Zip Code	Transaction ID: SA11AI.8300
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	]
Γ		1		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 158 / 263           (check only one)         (check only one)           X         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 or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)				
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason	Date of Receipt			
	Mailing Address 575 Summerfield Driv	M M / D D / Y Y Y Y 09 07 2007			
	City	State Zip Code	Transaction ID: SA11AI.7762		
	Chanhassen	MN 55317	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	15.00		
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	Payroll deduction of \$15 per pay		
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary     General       Other (specify) ▼	210.00			
— В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt		
	Mailing Address 575 Summerfield Driv	re la	M M / D D / Y Y Y Y 09 21 2007		
	City	State Zip Code	Transaction ID: SA11AI.7832		
	Chanhassen	MN 55317	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15		
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	per pay		
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_		
	Other (specify)	225.00			
_ с.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt		
	Mailing Address 575 Summerfield Driv	e	10 05 YYYY 100 05		
	City	State Zip Code	Transaction ID: SA11AI.7923		
	Chanhassen	MN 55317	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15		
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	per pay		
	Receipt For:	Aggregate Year-to-Date			
	Primary     General       Other (specify)	240.00			
Γ	SUBTOTAL of Receipts This Page (optional) .		45.00		
	TOTAL This Period (last page this line numbe				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the illed Summary Page	FOR LINE NUMBER:       PAGE 159 / 263         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be e name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC I	FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason	Date of Receipt		
	Mailing Address 575 Summerfield Drive	M M / D D / Y Y Y Y 10 19 2007		
	City	•	Code	Transaction ID: SA11AI.7990
	Chanhassen		317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Hardware Mutual	Occupation		Payroll deduction of \$15 per pay
	Ins. Receipt For:	V. P. Marketing Aggregate Year-to		-
	Primary General Other (specify) ▼		255.00	]
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason	1		Date of Receipt
	Mailing Address 575 Summerfield Drive			M M / D D / Y Y Y Y 1 1 02 2007
	City	State Zip	Code	Transaction ID: SA11AI.8075
	Chanhassen	<u>MN 55</u>	317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Hardware Mutual	Occupation V. P. Marketing		Payroll deduction of \$15 per pay
	Ins. Receipt For:	Aggregate Year-to		
	Primary     General       Other (specify) ▼		270.00	]
- c.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason			Date of Receipt
	Mailing Address 575 Summerfield Drive	е		M M / D D / Y Y Y Y 1 1 1 1 6 2007
	City		Code	Transaction ID: SA11AI.8153
	Chanhassen	<u>MN 55</u>	317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Primary     General       Other (specify) ▼		285.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	1		45.00
╞				
	TOTAL This Period (last page this line number	O(IIIy)	·····	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 160 / 263           (check only one)         11a           X         11a           13         14           15         16           17
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personance and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
	Mailing Address 575 Summerfield Driv	M M / D D / Y Y Y Y 1 1 3 0 2007	
	City	State Zip Code	Transaction ID: SA11AI.8226
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer American Hardware Mutual	Occupation V. P. Marketing	Payroll deduction of \$15 per pay
	Ins. Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason	1	Date of Receipt
	Mailing Address 575 Summerfield Driv	1 2 1 4 2 0 0 7	
	City	State Zip Code	Transaction ID: SA11AI.8301
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	315.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	1	Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt	M M / D D / Y Y Y Y 07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7440
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)     ▼	315.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	75.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 161 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	on for the purpose of soliciting contributions solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt	
	Mailing Address 2135 Hunters Ridge C	07 / 27 / Y Y Y Y 007	
	City	State Zip Code	Transaction ID: SA11AI.7507
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	<ul> <li>Payroll deduction of \$45 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	360.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge C	0 8 / <sup>D</sup> D / <u>Y Y Y Y</u> 0 8 1 0 2 0 0 7	
	City	State Zip Code	Transaction ID: SA11AI.7578
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	<ul> <li>Payroll deduction of \$45 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	1
- C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
0.	Mailing Address 2135 Hunters Ridge C	Court	08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7646
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	]
ſ	SUBTOTAL of Receipts This Page (optional) .	·	135.00
f	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER:       PAGE 162 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or uname and address of any poli	used by any persor tical committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND		
A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt		
	Mailing Address 2135 Hunters Ridge C	09 / D D / Y Y Y Y 09 / 07 / 2007		
	City	State Zip Code		Transaction ID: SA11AI.7711
	Manitowoc	WI 54220		_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00 Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		per pay
	Receipt For:	Aggregate Year-to-Date	7	
	Primary     General       Other (specify) ▼		495.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	I		Date of Receipt
	Mailing Address 2135 Hunters Ridge Court			M         M         /         D         D         /         Y
	City	State Zip Code		Transaction ID: SA11AI.7780
	Manitowoc	WI 54220		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>		45.00 Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		per pay
	Receipt For:	Aggregate Year-to-Date	7	
	Primary     General       Other (specify)		540.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	I		Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt		10 <sup>2</sup> 05 <sup>2</sup> 2007
	City Manitowoc	State Zip Code WI 54220		Transaction ID: SA11AI.7867
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	<b>C</b>		45.00 Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		per pay
	Receipt For:	Aggregate Year-to-Date	7	
	Primary     General       Other (specify)     ▼		585.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	<b>b</b>	135.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 163 / 263         (check only one)       111         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	on for the purpose of soliciting contributions o solicit contributions from such committee.	
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	Court	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7937
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 630.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	Court	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8021
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		45.00 Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 675.00	]
- С.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	Court	Date of Receipt
	City	State Zip Code	1         1         7         2         0         7           Transaction ID:         SA11AI.8099
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	]
ſ	SUBTOTAL of Receipts This Page (optional) .	·	135.00
Ī	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 164 / 263           (check only one)         11a           X         11a         11b           I3         14         15         16           I7         16         17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Co	Date of Receipt	
		11 30 2007	
	City Manitowoc	State Zip Code WI 54220	Transaction ID: SA11AI.8170
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Co	ourt	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8248
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	<ul> <li>Payroll deduction of \$45 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 810.00	
С.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt	12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8316
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		45.00 Payroll deduction of \$45
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	
	SUBTOTAL of Receipts This Page (optional)	•	135.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 165 / 263           (check only one)         X           X         11a           13         14           15         16           17			
Any information copied from s or for commercial purposes, o	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE ( MOTORISTS MUTUAI	In Full) L INSURANCE COMPAN	Y CIVIC FUND				
Full Name (Last, First, Mid <b>A.</b> Mark J. Nixon	dle Initial)	Date of Receipt				
Mailing Address 662 Ea	Mailing Address 662 East Fifth Avenue					
City	State	Zip Code	Transaction ID: SA11AI.7472			
Lancaster	OH	43130	Amount of Each Receipt this Period			
FEC ID number of contributed federal political committee.	uting C		15.00			
Name of Employer Motorists Mutual Insurance Company	e Occupa Manag		Payroll deduction of \$15 per pay			
Receipt For:		ate Year-to-Date 🔻				
Primary Ge Other (specify) ▼	eneral	210.00				
Full Name (Last, First, Mid Mark J. Nixon	dle Initial)		Date of Receipt			
Mailing Address 662 Ea	ast Fifth Avenue	07 / 27 / Y Y Y Y 2007				
City	State	Zip Code	Transaction ID: SA11AI.7539			
Lancaster	OH	43130	Amount of Each Receipt this Period			
FEC ID number of contributed federal political committee.	uting C		15.00			
Name of Employer Motorists Mutual Insurance Company	e Occupa Manag		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>			
Receipt For:		ate Year-to-Date 🔻				
Primary Ge Other (specify) ▼	neral	225.00				
Full Name (Last, First, Mid Mark J. Nixon	dle Initial)		Date of Receipt			
Mailing Address 662 Ea	ast Fifth Avenue		08 / D D / Y Y Y Y 08 / 10 / 2007			
City	State	Zip Code	Transaction ID: SA11AI.7610			
Lancaster	OH	43130	Amount of Each Receipt this Period			
FEC ID number of contribution federal political committee.	uting C		15.00			
Name of Employer Motorists Mutual Insurance Company	e Occupa Manag		<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>			
Receipt For:		ate Year-to-Date 🔻				
Primary     Ge       Other (specify) ▼	neral	240.00				
SUBTOTAL of Receipts This	s Page (optional)		45.00			
	ge this line number only)					

	LE A (FEC Form 3X) D RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 166 / 263           (check only one)         X           X         11a           11b         11c           12           13         14			
Any informatio or for commerce	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	COMMITTEE (In Full) STS MUTUAL INSURANCE	COMPANY CIVIC FUND				
Full Name A. Mark J. Nixo	(Last, First, Middle Initial)	Date of Receipt				
Mailing Add	dress 662 East Fifth Avenue	M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·				
City		State Zip Code	Transaction ID: SA11AI.7678			
Lancaste	r	OH 43130	Amount of Each Receipt this Period			
	mber of contributing tical committee.	C	15.00			
	nployer Iutual Insurance	Occupation Manager	Payroll deduction of \$15 per pay			
<u>Company</u> Receipt Fo	r:	Aggregate Year-to-Date ▼	-1			
Prima Other	ary General r (specify) <b>▼</b>	255.00				
Full Name B. Mark J. Nixo	(Last, First, Middle Initial)		Date of Receipt			
Mailing Add	dress 662 East Fifth Avenue	09 / D D / Y Y Y Y 09 07 2007				
City		State Zip Code	Transaction ID: SA11AI.7742			
Lancaste	r	OH 43130	Amount of Each Receipt this Period			
	mber of contributing tical committee.	C	15.00			
Name of Er Motorists M Company	nployer Iutual Insurance	Occupation Manager	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>			
Receipt For		Aggregate Year-to-Date ▼				
Other	ary General r (specify) <b>v</b>	270.00				
Full Name Mark J. Nixo	(Last, First, Middle Initial)	1	Date of Receipt			
Mailing Add	dress 662 East Fifth Avenue	9	09 / <sup>D D</sup> / <u>Y Y Y Y</u> 21 2007			
City		State Zip Code	Transaction ID: SA11AI.7812			
Lancaste		OH 43130	Amount of Each Receipt this Period			
	mber of contributing tical committee.	C	15.00			
Name of Er Motorists M Company	nployer Iutual Insurance	Occupation Manager	Payroll deduction of \$15 per pay			
Receipt For		Aggregate Year-to-Date ▼				
Other	ary General r (specify) <b>▼</b>	285.00				
SUBTOTAL (	of Receipts This Page (ontional)	I	45.00			
		r only)				

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 167 / 263 (check only one)				
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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					
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon	Date of Receipt					
	Mailing Address 662 East Fifth Avenue		M M / D D / Y Y Y Y 10 / 05 / 2007				
	City	State Zip Code	Transaction ID: SA11AI.7902				
	Lancaster	OH 43130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay				
	Receipt For:	Aggregate Year-to-Date ▼	_				
	Other (specify) ▼	300.00					
В.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt				
	Mailing Address 662 East Fifth Avenue		M         M         /         D         D         /         Y				
	City	State Zip Code	Transaction ID: SA11AI.7970				
	Lancaster	OH 43130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>				
	Receipt For:	Aggregate Year-to-Date					
	Primary     General       Other (specify) ▼	315.00					
C.	Full Name (Last, First, Middle Initial) Mark J. Nixon	I	Date of Receipt				
	Mailing Address 662 East Fifth Avenue		M M / D D / Y Y Y Y Y 11 1 02 2007				
	City	State Zip Code	Transaction ID: SA11AI.8054				
	Lancaster	OH 43130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>				
	Receipt For:	Aggregate Year-to-Date 🔻					
	Primary     General       Other (specify) ▼	330.00					
	SUBTOTAL of Receipts This Page (optional)	······	45.00				
	TOTAL This Period (last page this line number	only)					

				FOR LINE NUMBER: PAGE 168 / 263	
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon	Date of Receipt			
	Mailing Address 662 East Fifth Avenue			1 1 / D D / Y Y Y Y 1 6 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.8133	
	Lancaster	OH	43130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Motorists Mutual Insurance Company	Occupatio Manager		Payroll deduction of \$15 per pay	
	Receipt For:	- I	e Year-to-Date 🔻		
	Primary General			1	
	Other (specify) ▼	0 0	345.00		
в.	Full Name (Last, First, Middle Initial) Mark J. Nixon	•		Date of Receipt	
	Mailing Address 662 East Fifth Avenue			M M / D D / Y Y Y Y 1 1 30 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.8204	
	Lancaster	OH	43130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Motorists Mutual Insurance	Occupatio Manager		Payroll deduction of \$15 per pay	
	Company Receipt For:		_	_	
	Primary General	Aggregate	e Year-to-Date	1	
	Other (specify)	0 0	360.00	]	
- C.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of Receipt	
	Mailing Address 662 East Fifth Avenue	9		M M / D D / Y Y Y Y 12 14 2007	
	City	State	Zip Code	Transaction ID: SA11AI.8281	
	Lancaster	OH	43130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Motorists Mutual Insurance Company	Occupatio Manager		Payroll deduction of \$15 per pay	
	Receipt For:		e Year-to-Date 🔻	-	
	Primary General	33334	375.00	1	
	Other (specify) ▼	0.0			
ſ	SUBTOTAL of Receipts This Page (optional)	<b>.</b>		45.00	
┝	CODICINE OF HECEIPIS THIS FAGE (OPTIONAL)				
	TOTAL This Period (last page this line number	r only)			

SCHEDULE A (FEC Forn	n 3X)	FOR LINE NUMBER: PAGE 169/263			
	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Repo or for commercial purposes, other than	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	-				
MOTORISTS MUTUAL INSUF	ANCE COMPANY CIVIC FUND				
A. Mark J. Nixon	Full Name (Last, First, Middle Initial) Mark J. Nixon				
Mailing Address 662 East Fifth	Mailing Address 662 East Fifth Avenue				
City	State Zip Code	Transaction ID: SA11AI.8348			
Lancaster	OH 43130	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>			
<u>Company</u>	Manager				
Receipt For: Primary General	Aggregate Year-to-Date				
Other (specify) ▼	390.00				
Full Name (Last, First, Middle Initial) B. Thomas C. Ogg		Date of Receipt			
Mailing Address 10167 Chelton	Wood	07 / 13 / Y Y Y Y 07 / 13			
City	State Zip Code	Transaction ID: SA11AI.7473			
Powell	OH 43065	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$50 per pay			
Company Receipt For:	Secretary Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	670.00	1			
Full Name (Last, First, Middle Initial)					
C. Thomas C. Ogg		Date of Receipt			
Mailing Address 10167 Chelton	Wood	07 27 Y Y Y Y 007 27 2007			
City	State Zip Code	Transaction ID: SA11AI.7540			
Powell	OH 43065	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$50 per pay			
<u>Company</u> Receipt For:	Secretary Aggregate Year-to-Date ▼	_			
Primary General		1			
Other (specify)	720.00				
SUBTOTAL of Receipts This Page (o	ptional)	115.00			
TOTAL This Period (last page this line	e number only)				

	EDULE A (FEC Form 3X) /IZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag						
Any in or for o	In provide the purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND						
	l Name (Last, First, Middle Initial) omas C. Ogg	Date of Receipt						
Ма	iling Address 10167 Chelton Wood	0 8 / D D / Y Y Y Y 2 0 0 7						
Cit		State Zip Code	Transaction ID: SA11AI.7611					
	owell	OH 43065	Amount of Each Receipt this Period					
	C ID number of contributing eral political committee.	C	50.00					
Na Mo	me of Employer torists Mutual Insurance	Occupation	Payroll deduction of \$50 per pay					
<u>_Co</u>	mpany ceipt For:	Secretary Aggregate Year-to-Date						
	Primary General Other (specify) <b>v</b>	770.	00					
	I Name (Last, First, Middle Initial) omas C. Ogg		Date of Receipt					
Ма	iling Address 10167 Chelton Wood	M M / D D / Y Y Y Y 08 24 2007						
Cit	у	State Zip Code	Transaction ID: SA11AI.7679					
<u>Pc</u>	owell	OH 43065	Amount of Each Receipt this Period					
	C ID number of contributing eral political committee.	C	50.00					
Mc	me of Employer torists Mutual Insurance	Occupation Secretary	Payroll deduction of \$50 per pay					
	mpany ceipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	820.	00					
	I Name (Last, First, Middle Initial) omas C. Ogg		Date of Receipt					
	iling Address 10167 Chelton Wood		09 07 2007					
Cit		State Zip Code	Transaction ID: SA11AI.7743					
<u>Pc</u>	owell	OH 43065	Amount of Each Receipt this Period					
	C ID number of contributing leral political committee.	C	50.00					
Mc	me of Employer torists Mutual Insurance mpany	Occupation Secretary	Payroll deduction of \$50 per pay					
	ceipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) <b>v</b>	870.	00					
SUB	I		150.00					
	AL This Period (last page this line number of							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 171 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17					
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt						
<u> </u>	Mailing Address 10167 Chelton Wood	0 9 2 1 2 0 0 7						
	City	State Zip Code	Transaction ID: SA11AI.7813					
	Powell	OH 43065	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll deduction of \$50 per pay					
	Receipt For:	Aggregate Year-to-Date ▼	_					
	Primary     General       Other (specify) ▼	920.00						
B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt					
	Mailing Address 10167 Chelton Wood		M M / D D / Y Y Y Y 10 05 2007					
	City	State Zip Code	Transaction ID: SA11AI.7903					
	Powell	OH 43065	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	<ul> <li>Payroll deduction of \$50 per pay</li> </ul>					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Other (specify) ▼	970.00						
С.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	I	Date of Receipt					
	Mailing Address 10167 Chelton Wood		M M / D D / Y Y Y Y 10 19 2007					
	City	State Zip Code	Transaction ID: SA11AI.7971					
	Powell	OH 43065	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	<ul> <li>Payroll deduction of \$50 per pay</li> </ul>					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary     General       Other (specify) ▼	1020.00						
	SUBTOTAL of Receipts This Page (optional)	······	150.00					
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 172 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
Α.	Thomas C. Ogg Mailing Address 10167 Chelton Wood		
	City	State Zip Code	1 1 0 2 2 0 0 7 Transaction ID: SA11AI.8055
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll deduction of \$50 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	1070.00	
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 10167 Chelton Wood	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: SA11AI.8134
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	- Payroll deduction of \$50
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	
– C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 10167 Chelton Wood		M M / D D / Y Y Y Y 111 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8205
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$50
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1170.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	150.00
ľ	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 173 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17					
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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						
۷ A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt					
	Mailing Address 10167 Chelton Wood	1 2 D D / Y Y Y Y 1 4 2 0 0 7						
	City	State Zip Code	Transaction ID: SA11AI.8282					
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 50.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll deduction of \$50 per pay					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00						
- В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood		Date of Receipt					
		12 22 2007						
	City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.8349					
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll deduction of \$50 per pay					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1270.00						
- C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt					
	Mailing Address 4460 Swenson Street		M M / D D / Y Y Y Y 07 13 2007					
	City	State Zip Code	Transaction ID: SA11AI.7474					
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period					
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00						
	SUBTOTAL of Receipts This Page (optional)		▶ 115.00					
ľ	TOTAL This Period (last page this line number	only)						

<b>ה</b>	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 174 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Z	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: SA11AI.7541
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	_
	Other (specify)	225.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	l	Date of Receipt
	Mailing Address 4460 Swenson Street		M M / D D / Y Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7612
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	]
— c.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	1	Date of Receipt
	Mailing Address 4460 Swenson Street		08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7680
	Hilliard FEC ID number of contributing	OH 43026	Amount of Each Receipt this Period
	federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	255.00	
	SUBTOTAL of Receipts This Page (optional)		45.00
		only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate sch for each category		FOR LINE NUMBER: PAGE 175 / 263 (check only one)
_	Any information copied from such Reports and Statements may		Detailed Summar	y Page	X         11a         11b         11c         12           13         14         15         16         17
(	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and ad	y not be sold or used dress of any political	by any person committee to so	tor the purpose of soliciting contributions plicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND		
∠	Full Name (Last, First, Middle Initial) Mr. Mark Peacock				Date of Receipt
	Mailing Address 4460 Swenson Street				09 / <sup>D</sup> D D / <u>Y</u> Y Y Y 07 2007
	City	State	Zip Code		Transaction ID: SA11AI.7744
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio			Payroll deduction of \$15 per pay
	pany Receipt For:	Assist. V	e Year-to-Date ▼		
	Primary General	Aggregate	1 1 1 1	270.00	
	Other (specify)	0 0	0 0 0 0 0	270.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	1			Date of Receipt
•	Mailing Address 4460 Swenson Street			0 9 2 1 2 0 0 7	
	City	State	Zip Code		Transaction ID: SA11AI.7814
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V			Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify)	0 0		285.00	
-	Full Name (Last, First, Middle Initial) Mr. Mark Peacock				Date of Receipt
•	Mailing Address 4460 Swenson Street				10 05 2007
	City	State	Zip Code		Transaction ID: SA11AI.7904
	Hilliard	OH	43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V			Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0		300.00	
Γ					45.00
┝	SUBTOTAL of Receipts This Page (optional)			····· ►	
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 176 / 263           (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)       MOTORISTS MUTUAL INSURANCE C		
⊻ A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt	
	Mailing Address 4460 Swenson Street		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7972
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify)	315.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8056
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary     General       Other (specify)	330.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8135
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	345.00	
Γ	SUBTOTAL of Receipts This Page (optional)		45.00
ŀ	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17		
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committe	erson for the purpose of soliciting contributions the to solicit contributions from such committee.		
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt			
	Mailing Address 4460 Swenson Street		M M / J D D / Y Y Y Y 1 1 3 0 2 0 0 7		
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8206 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	15.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00			
В.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street		Date of Receipt		
			12 14 2007		
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8283 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	15.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00			
C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt		
	Mailing Address 4460 Swenson Street		12 22 YYYY 12007		
	City	State Zip Code	Transaction ID: SA11AI.8350		
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay		
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date ▼ 390.00			
	SUBTOTAL of Receipts This Page (optional)		45.00		
	TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 178 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         16
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208	M M / D D / Y Y Y Y 09 07 2007		
	City	State	Zip Code	Transaction ID: SA11AI.7763
	Plymouth FEC ID number of contributing federal political committee.	C	55446	Amount of Each Receipt this Period 15.00
	Name of Employer American Hardware Mutual Ins.	Occupatio V. P. Un	n derwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 210.00	]
	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208			M         M         /         D         D         Y
	City Plymouth	State MN	Zip Code 55446	Transaction ID: SA11AI.7833
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer American Hardware Mutual Ins.		derwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00	]
	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208			M M / D D / Y Y Y Y 10 / 05 / 2007
	City Plymouth	State MN	Zip Code 55446	Transaction ID: SA11AI.7924 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Hardware Mutual Ins.	1 1	derwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 240.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 179 / 263           (check only one)         X           X         11a           11b         11c           12         13           14         15			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such commit						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIV	/IC FUND				
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt					
Mailing Address 15300 37th Avenue N Apt. B208			10 <sup>//</sup> 19 <sup>/</sup> 2007			
City Plymouth	State MN	Zip Code 55446	Transaction ID: SA11AI.7991			
FEC ID number of contributing federal political committee.		00440	Amount of Each Receipt this Period			
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) <b>v</b>	Occupation V. P. Under Aggregate Ye	writing ear-to-Date 255.00	Payroll deduction of \$15 per pay			
 Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N			Date of Receipt			
Apt. B208	State	Zip Code	1 1 0 2 2 0 0 7 Transaction ID: SA11AI.8076			
Plymouth	MN	55446	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	Occupation V. P. Under Aggregate Ye	writing ear-to-Date 270.00	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>			
 Full Name (Last, First, Middle Initial)	0 0 0	0 0 0 0 0 0 0				
Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N			Date of Receipt			
Apt. B208	State	Zip Code	1 1 1 6 2 0 0 7 Transaction ID: SA11AI.8154			
Plymouth	MN	55446	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer American Hardware Mutual Ins. Receipt For:	Occupation V. P. Under		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>			
Primary General Other (specify) <b>v</b>		ear-to-Date  285.00				
SUBTOTAL of Receipts This Page (optional)			45.00			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 180 / 263           (check only one)         11a           X         11a           13         14           15         16           17
N	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions of solicit contributions from such committee.		
		COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208	1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.8227
	Plymouth	MN	55446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer American Hardware Mutual	Occupation		<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Ins. Receipt For:	V. P. Und		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 300.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208			M M / D D / Y Y Y Y 12 14 2007
	City Plymouth	State MN	Zip Code	Transaction ID: SA11AI.8302
	FEC ID number of contributing federal political committee.	C	55446	Amount of Each Receipt this Period
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Unc		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	1
-	Full Name (Last, First, Middle Initial)	0 0		-
C.	Joan Pruitt Mailing Address 2416 East 50th Street			Date of Receipt 1 0 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7928
	Davenport	IA	52807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Per	n sonal Lines	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 210.00	
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
ľ	TOTAL This Period (last page this line number of	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solid committee to solid committee.         A.       MARE OF COMMITTEE (in Full)       MotORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       2416 East 50th Street       Transaction ID: S         Receipt For:       Occupation       Payroll deduction         Itemployer       Occupation       Payroll deduction         Primary       General       Occupation       Payroll deduction         Other (specify) ▼       State       Zip Code       Transaction ID: S         Amount of Each R       Eclip Code       Transaction ID: S       Amount of Each R         Payroll deduction       V. P. Personal Lines       Transaction ID: S       Amount of Each R         Payroll deduction       V. P. Personal Lines       Aggregate Year-to-Date ▼	such committee.
NAME OF COMMITTEE (In Full)       MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)       Joan Pruitt         Mailing Address       2416 East 50th Street         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       C       Amount of Each R         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       2416 East 50th Street       Mithing / Dite         City       State       Zip Code         Primary       General       225.00       Date of Receipt         City       State       Zip Code       Transaction ID: S         Date of Receipt       IA       52807       Famount of Each R         FEC ID number of contributing federal political committee.       Date of Receipt       In 1       Date of Receipt         Mailing Address       2416 East 50th Street       In 4       52807       Famount of Each R         FEC ID number of contributing federal political committee.       C       In 5       Payroll deduction         Name of Employer Name of Employer       Occupation	/ 2007 A11AI.8012 aceipt this Period 15.00
A.       Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street       Image: State display="block">Image: State display="block"/>Image: State display="block"/>Joan Pruitt       Date of Receipt         Name of Employer lowa Mutual Ins. Co.       Occupation       V. P. Personal Lines       Payroll deduction per pay         Name of Employer lowa Mutual Ins. Co.       Occupation       V. P. Personal Lines       Payroll deduction per pay         B.       Full Name (Last, First, Middle Initial) Joan Pruitt       Date of Receipt       Image: Display="block"/>Image: Display="block"/Image: Display="block"/>Image: Display="block"/Image: Display="block"/>Image: Display="block"/Image: Display="block"/Image: Display="block"/>Image: Display="block"/Image: Displ	2 0 0 7 A11AI.8012 A11AI.8012 15.00
City       State       Zip Code       Transaction ID: S         Davenport       IA       52807       Amount of Each Rule         FEC ID number of contributing federal political committee.       C       Payroll deduction         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction per pay         B.       Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street       Minut of Each Rule         City       State       Zip Code       Transaction ID: S         Aggregate Year-to-Date       Minut of Each Rule       Minut of Each Rule         Mailing Address       2416 East 50th Street       Minut of Each Rule         City       State       Zip Code       Transaction ID: S         Amount of Each Rule       C       Transaction ID: S       Amount of Each Rule         FEC ID number of contributing federal political committee.       C       Payroll deduction Payroll deduction Par pay         Name of Employer lowa Mutual Ins. Co.       V. P. Personal Lines       Payroll deduction Par pay         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction Par pay	2 0 0 7 A11AI.8012 A11AI.8012 15.00
Davenport       IA       52807       Amount of Each R         FEC ID number of contributing federal political committee.       C       Payroll deduction per pay         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date ▼       Payroll deduction per pay         B.       Full Name (Last, First, Middle Initial) Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street       Min / D D D 16         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	ceipt this Period 15.00
FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       Date of Receipt       Date of Receipt         B.       Full Name (Last, First, Middle Initial) Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street       Min / 1 1         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation V. P. Personal Lines	15.00
federal political committee.       Image: Committee in the second	
Name of Employer       Occupation       per pay         Image: Name of Employer       Aggregate Year-to-Date ▼       Image: Pay         Primary       General       225.00         Other (specify) ▼       Image: Pay       Date of Receipt         Full Name (Last, First, Middle Initial)       Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street       Image: Pay         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       Image: Pay         Name of Employer       Occupation         Iwa Mutual Ins. Co.       V. P. Personal Lines         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	ט גוע וט
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       225.00         Full Name (Last, First, Middle Initial)       Joan Pruitt         Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       Occupation         Name of Employer lowa Mutual Ins. Co.       Occupation         Name of Employer lowa Mutual Ins. Co.       Aggregate Year-to-Date ▼         Primary       General       240.00	
Primary       General         Other (specify) ▼       225.00         Full Name (Last, First, Middle Initial)       Joan Pruitt         Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       C         Name of Employer lowa Mutual Ins. Co.       Occupation         Name of Employer lowa Mutual Ins. Co.       Occupation         Primary       General	
Joan Pruitt       Date of Receipt         Mailing Address       2416 East 50th Street         City       State       Zip Code         Davenport       IA       52807         FEC ID number of contributing federal political committee.       C       Amount of Each Rule         Name of Employer lowa Mutual Ins. Co.       Occupation V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date ▼       240.00       Payroll deduction per pay	
City       State       Zip Code       Transaction ID: S         Davenport       IA       52807       Amount of Each R         FEC ID number of contributing federal political committee.       C       Payroll deduction per pay         Name of Employer lowa Mutual Ins. Co.       Occupation       V. P. Personal Lines       Payroll deduction per pay         Receipt For:       Aggregate Year-to-Date       240.00       240.00       Payroll deduction per pay	
Davenport     IA     52807       FEC ID number of contributing federal political committee.     C       Name of Employer lowa Mutual Ins. Co.     Occupation V. P. Personal Lines       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	/ Y Y Y Y 2007
FEC ID number of contributing federal political committee.     C       Name of Employer lowa Mutual Ins. Co.     Occupation V. P. Personal Lines       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	A11AI.8090
federal political committee.       Image: Constraint of the polycy of the	ceipt this Period
Name of Employer lowa Mutual Ins. Co.     Occupation V. P. Personal Lines     per pay       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	15.00
Primary General 240.00	01¢10
240.00	
Full Name (Last, First, Middle Initial)     Damian Puchala     Date of Receipt	
Mailing Address 325 Olenview Circle	/ Y Y Y Y 2007
City State Zip Code Transaction ID: S	A11AI.7476
Powell OH 43065 Amount of Each R	ceipt this Period
FEC ID number of contributing federal political committee.	15.00
Name of Employer Motorists Mutual Ins. Com- panyOccupationPayroll deduction per pay	01 \$15
Receipt For: Aggregate Year-to-Date ▼	
Primary General 210.00 Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	
SUBTOTAL of Receipts This Page (optional)	45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 182 / 263         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may n name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CI	VIC FUND	
Α.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.7543
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. F	Þ.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	_
	Other (specify) ▼		225.00	]
В.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			0 8 / D D / Y Y Y Y 0 8 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7614
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. F		per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date 240.00	]
с.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle	I		Date of Receipt
	City	State	Zip Code	0 8 2 4 2 0 0 7 Transaction ID: SA11AI.7682
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. F	D	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date 255.00	]
	SUBTOTAL of Receipts This Page (optional)			45.00
	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 183 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		09 07 Y Y Y Y 007 2007
	City	State Zip Code	Transaction ID: SA11AI.7746
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	270.00	]
_	Full Name (Last, First, Middle Initial) Damian Puchala	I	Date of Receipt
	Mailing Address 325 Olenview Circle		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Q 0 0 7         Image: Compared to the second
	City	State Zip Code	Transaction ID: SA11AI.7816
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	]
	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		10 <sup>/</sup> 05 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7906
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 184 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7974
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	315.00	
- В.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
5.	Mailing Address 325 Olenview Circle		M M / D D / Y Y Y Y 1 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8058
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	330.00	
- С.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8137
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	345.00	
ſ	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 185 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the		on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		M         M         /         D         D         /         Y
	City	State Zip Code OH 43065	Transaction ID: SA11AI.8209
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 360.00	
- B.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		1 2 / D D / Y Y Y Y 1 2 1 4 2 0 0 7
	City	State Zip Code OH 43065	Transaction ID: SA11AI.8285
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 375.00	
- C.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		12 22 YYYY 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8352
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 186 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		10 <sup>//</sup> 05 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7857
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	210.00	
– В.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7929
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	225.00	
– c.	Full Name (Last, First, Middle Initial) Georgia Puls	I	Date of Receipt
	Mailing Address 825 West Price Street		M M / D D / Y Y Y Y 11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8013
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 187 / 263 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8091
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	255.00	
В.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8161
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary   General     Other (specify)   Image: Content of the second	270.00	
С.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		M M         /         D D         /         Y Y Y Y         Y           12         14         2007
	City	State Zip Code	Transaction ID: SA11AI.8240
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	285.00	
	SUBTOTAL of Receipts This Page (optional)	·····	45.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 188 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	tatements may not be sold or used by any person name and address of any political committee to COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		12 / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8308
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	300.00	
– В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	9	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7477
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 210.00	
– C.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
0.	Mailing Address 4732 Golf Village Drive	9	
	City	State Zip Code	Transaction ID: SA11AI.7544
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	45.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 189 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	9	M M / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7615
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
- В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
2.	Mailing Address 4732 Golf Village Drive	e	08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7683
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	255.00	]
- C.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7748
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	270.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	·	45.00
ľ	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 190 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personance and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	9	09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7817
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	285.00	
- В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7907
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deductions \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	300.00	]
- C.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	9	M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7975
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	315.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	45.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 191 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
		COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	1 1 0 2 Y Y Y 1 1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8059
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	330.00	
— В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	M M / D D / Y Y Y Y 11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8138
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
 c.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	M M / D D / Y Y Y Y 111 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8210
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 360.00	
	SUBTOTAL of Receipts This Page (optional)	·	45.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 192 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Driv	re	M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8286
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	375.00	
— В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Driv	/e	12 / 22 / Y Y Y Y 12 / 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8353
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	390.00	
с. –	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	•	Date of Receipt
	Mailing Address 1026 Loch Ness Aven	lue	07 13 Y Y Y Y 07 13
	City Month is store	State Zip Code	Transaction ID: SA11AI.7478
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	350.00	
Γ	SUBTOTAL of Receipts This Page (optional).	·····	55.00
	TOTAL This Period (last page this line number	<b>-</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 193 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY	CIVIC FUND	
⊻ A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	ue		07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.7545
	Worthington FEC ID number of contributing federal political committee.	OH C	43085	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupatio Vice Pre Aggregate		Payroll deduction of \$25 per pay
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	375.00	
В.	Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenu	ue		Date of Receipt 0 8 / 1 0 / Y Y Y Y 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7616
	Worthington FEC ID number of contributing federal political committee.	OH C	43085	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupatio Vice Pre Aggregate		Payroll deduction of \$25 per pay
	Primary     General       Other (specify)     ▼		400.00	
- c.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	ue		M M / D D / Y Y Y Y 08 24 2007
	City	State	Zip Code	Transaction ID: SA11AI.7684
	Worthington FEC ID number of contributing federal political committee.	OH C	43085	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼		425.00	
ſ	SUBTOTAL of Receipts This Page (optional)			▶ 75.00
ſ	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 194 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue	09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7749
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	450.00	
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue	M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7818
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	475.00	
- C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue	M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7908
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	75.00
ŀ	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 195 / 263           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ne	M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7976
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	525.00	]
- В.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	I	Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ne	M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8060
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	550.00	
– C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ne	1 1 / D D / Y Y Y Y 1 1 1 1 6 2007
	City	State Zip Code	Transaction ID: SA11AI.8139
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	575.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı 	75.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 196 / 263         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	Je	M M / D D / Y Y Y Y 11 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8211
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	pany Receipt For:	Vice President Aggregate Year-to-Date	_
	Primary General		
	Other (specify) <b>v</b>	600.00	
В.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	•	Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	e	M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8287
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary     General       Other (specify) ▼	625.00	
– C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	1	Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	Je	
	City	State Zip Code	Transaction ID: SA11AI.8354
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify)     ▼	650.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	75.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 197 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
, А.	Full Name (Last, First, Middle Initial) Mr. Eugene Schneckloth		Date of Receipt
	Mailing Address 334 Country Club Cou P. O. Box 46	rt	1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8022
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	Payroll deduction of \$100 quarterly
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7709
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	210.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		09 / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7778
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)		130.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X       11a       11b       11c       12         I       13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committe	ee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7864
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
	<u></u>		10 19 2007
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.7935 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.8019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
F	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 199 / 263           (check only one)         11a           X         11a         11b           I3         14         15         16           I7         16         17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
			11 16 2007
	City <u>Sheboygan</u>	State Zip Code WI 53081	Transaction ID: SA11AI.8097 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
	City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: SA11AI.8168
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		1 2 1 4 Y Y Y Y Y 1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8246
	Sheboygan FEC ID number of contributing federal political committee.	WI 53081	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
	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 200 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		12 / 22 / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8314
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	330.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lar	ne	07 13 Y Y Y Y 07 13 3 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7479
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	350.00	
с.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lar	ne	07 / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7546
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	375.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	65.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 201 / 263         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	le	08 / 10 / Y Y Y Y 08 / 10
	City	State Zip Code	Transaction ID: SA11AI.7617
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Company Receipt For:	Vice President	_
	Primary General	Aggregate Year-to-Date	
	Other (specify)	400.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	le	08 / D D / Y Y Y Y 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7685
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	425.00	
– C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	1	Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	le	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7750
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	450.00	
Γ	SUBTOTAL of Receipts This Page (optional)		75.00
-	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 202 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lar	ne	M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7819
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	475.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lar	ne	M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7910
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00	
- C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	I	Date of Receipt
	Mailing Address 1252 Pond Hollow Lar	ie	M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7977
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
	SUBTOTAL of Receipts This Page (optional)	۱	75.00
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 203 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         11         11         11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE ( Full Name (Last, First, Middle Initial)	name and address of any political committee to	o solicit contributions from such committee.
Α.	Karen L. Schwartz Mailing Address 1252 Pond Hollow Lan	e	
	City	State Zip Code	1 1 0 2 2 0 0 7 Transaction ID: SA11AI.8061
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	]
В.	Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lan	e	Date of Receipt
	-		11 16 2007
	City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.8140 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	]
C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	е	M M / D D / Y Y Y Y 11 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8212
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  600.00	]
	SUBTOTAL of Receipts This Page (optional)		75.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 204 / 263           (check only one)         X           X         11a         11b         11c         12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	e	M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8288
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	625.00	]
- В.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	e	M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8355
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	650.00	]
– C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
•	Mailing Address 6418 Summers Nook I	Drive	M M / D D / Y Y Y Y 07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7480
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	210.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	65.00
F	TOTAL This Period (last page this line number		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 205 / 263           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
or fo	or commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	JAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A. <u>F</u>	ull Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
Ν	Nailing Address 6418 Summers Nook E	Drive	07 27 Y Y Y Y 007
	Dity	State Zip Code	Transaction ID: SA11AI.7547
-	New Albany	OH 43054	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	15.00
r	Name of Employer Notorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
F	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	225.00	
	ull Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
Ν	Aailing Address 6418 Summers Nook E	Drive	08 / D D / Y Y Y Y 08 10 2007
Ċ	Dity	State Zip Code	Transaction ID: SA11AI.7618
1	New Albany	OH 43054	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	15.00
۲ ۲	Name of Employer Notorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
	ull Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
Ν	Aailing Address 6418 Summers Nook E	Drive	M M / D D / Y Y Y Y 08 24 2007
	Dity	State Zip Code	Transaction ID: SA11AI.7686
-	New Albany	OH 43054	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	15.00
ţ	lame of Employer Notorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
F	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 255.00	
su	BTOTAL of Receipts This Page (optional)		45.00
	TAL This Period (last page this line number of	<b>-</b>	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 206 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook	c Drive	09072007
	City	State Zip Code	Transaction ID: SA11AI.7751
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify) ▼	270.00	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook Drive		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7820
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 — Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 285.00	]
_	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook	s Drive	M M / D D / Y Y Y Y 10 05 2007
		State Zip Code	Transaction ID: SA11AI.7911
	New Albany FEC ID number of contributing	OH 43054	Amount of Each Receipt this Period
	federal political committee.		- Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date	1
	Other (specify)	300.00	1
Γ	SUBTOTAL of Receipts This Page (optional)	1	45.00

_	TEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political	committee to solicit contributions from such committee.
Α.	Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook	Drive	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.7978
	New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay 315.00
— В.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook	I Drive	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8062
	New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period  15.00  Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	330.00
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook	Drive	M M / D D / Y Y Y Y 111 16 2007
	City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.8141 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Primary General Other (specify) ▼	Aggregate Year-to-Date	345.00
	SUBTOTAL of Receipts This Page (optional)	I	45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 208 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook I	Drive	M M / D D / Y Y Y Y 11 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8213
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary     General       Other (specify) ▼	360.00	
- B.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook I	Drive	M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8289
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	375.00	
- C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.	1	Date of Receipt
	Mailing Address 6418 Summers Nook I	Drive	12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8356
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	390.00	
	SUBTOTAL of Receipts This Page (optional)	۱	45.00
ľ	TOTAL This Period (last page this line number	only)	

	JLE A (FEC Form 3X) D RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	
or for comme	ion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full)	tatements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	RISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
	e (Last, First, Middle Initial) . Stapleton		Date of Receipt
Mailing A	ddress 6900 Kindler Drive		07 13 2007
City		State Zip Code	Transaction ID: SA11AI.7481
<u>New Alb</u>	bany	OH 43054	Amount of Each Receipt this Period
	umber of contributing litical committee.	C	25.00
Name of I Motorists	Employer Mutual Insurance	Occupation	Payroll deduction of \$25
<u>Company</u> Receipt F	/	Senior Vice President	
	nary General	Aggregate Year-to-Date	
Oth	er (specify)	350	0.00
	e (Last, First, Middle Initial) . Stapleton		Date of Receipt
	ddress 6900 Kindler Drive		
City		State Zip Code	Transaction ID: SA11AI.7549
New Alb	bany	OH 43054	Amount of Each Receipt this Period
	umber of contributing litical committee.	C	25.00
Name of I Motorists Company	Mutuál Insurance	Occupation Senior Vice President	Payroll deduction of \$25 per pay
Receipt F		Aggregate Year-to-Date 🔻	
	nary General ler (specify) <del>\</del>	375	5.00
	e (Last, First, Middle Initial) . Stapleton		Date of Receipt
Mailing A	ddress 6900 Kindler Drive		08 / D D / Y Y Y Y 08 10 2007
City		State Zip Code	Transaction ID: SA11AI.7619
New Alb	bany	OH 43054	Amount of Each Receipt this Period
	umber of contributing plitical committee.	C	25.00
Name of I Motorists Company	Employer Mutual Insurance /	Occupation Senior Vice President	Payroll deduction of \$25 per pay
Receipt F	or:	Aggregate Year-to-Date ▼	
	nary General ler (specify) <b>v</b>	400	0.00
SUBTOTAL	of Receipts This Page (optional)	L	
		only)	

City       State       Zip Code         New Albany       OH       43054         FEC ID number of contributing federal political committee       C       7ransaction ID: SA11AL7687         Name of Employer Motorists Multual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date       ✓         Pfull Name (Last, First, Middle Initial)       Date of Receipt         B.       State       Zip Code         Mailing Address       6900 Kindler Drive       Date of Receipt         City       State       Zip Code         Mailing Address       6900 Kindler Drive       Date of Receipt         Mailing Address       6900 Kindler Drive       OH         Vew Albany       OH       43054         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AL7752         Name of Employer Motorist Multual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorist Multual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       ✓         Primary       General Other (specify) ▼       450.00       Full		X         11a         11b         11c         12           13         14         15         16	for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         A.       Full Name (Last, First, Middle Initial)         Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive         City       State       Zip Code         New Albany       OH       43054         FEC ID number of contributing federal political committee.       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Mating Address       General Other (specify) ▼       Occupation Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       6900 Kindler Drive       C       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       6900 Kindler Drive       C       Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Charles D. Stapleton Mailing Address       General Other (specify) ▼       Date of Receipt       Monut of Each Receipt this Period         Mailing Address       6900 Kindler Drive       C       Payroll deduction of \$25       Payroll deduction of \$25         Name of Employer Mating Address       Occupation Senior Vice President       Amount of Each Receipt this Period       Payroll deduction of \$25         Primary       General Other (specify) ▼       Occupation Senior Vice President       Payroll deduction of \$25         Primary		n for the purpose of soliciting contributions solicit contributions from such committee.	ay not be sold or used by any perso dress of any political committee to	or for commercial purposes, other than using the name and ad
A.       Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive       08       24       2007         City       State       Zip Code       Transaction ID: SA11AL.7687         New Albany       OH       43054       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       425.00       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)       C       Transaction ID: SA11AL.7752         New Albany       OH       43054       Amount of Each Receipt         Mailing Address       6900 Kindler Drive       07 / 2007         City       State       Zip Code       Mamount of Each Receipt this Period         Mailing Address       6900 Kindler Drive       07 / 200.7       Zip 0.7         City       State       Zip Code       Mamount of Each Receipt this Period         Mailing Address       6900 Kindler Drive       07 / 200.7       Zip 0.7         City       State       Zip Code       Payroll deduction of \$25.00         Receipt For: <th></th> <th></th> <th>CIVIC FUND</th> <th></th>			CIVIC FUND	
City       State       Zip Code         New Albany       OH       43054         FEC ID number of contributing federal political committee.       C       7ransaction ID: SA11AL:7687         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       425.00         Other (specify) ▼       Aggregate Year-to-Date       ✓         Mailing Address       6900 Kindler Drive       Date of Receipt         City       State       Zip Code         Name of Employer Motorists Mutual Insurance Company       OH       43054         FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address       6900 Kindler Drive       Ø         City       State       Zip Code         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance       Occupation Senior Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date       ✓       Payroll deduction of \$25         Primary       General       Other (specify) ▼       450.00       Payroll		Date of Receipt		· · · · /
New Albany       OH       43054       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mulual Insurance Company.       Occupation Senior Vice President       Payroll deduction of \$25         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Payroll deduction of \$25         B.       Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive       Date of Receipt         City       State       Zip Code         Name of Employer Motorists Mulual Insurance Company.       OH       43054         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.7752         Name of Employer Motorists Mulual Insurance Company.       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorists Mulual Insurance Company.       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorists Mulual Insurance Company.       Aggregate Year-to-Date ▼       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Payroll deduction of \$25	0 0			Mailing Address 6900 Kindler Drive
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company Receipt For:       Occupation Senior Vice President       Payroll deduction of \$25         B.       Full Name (Last, First, Middle Initial) Charles D. Stapleton       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       6900 Kindler Drive       0H       43054       Transaction ID: SA11AI.7752         New Albany       OH       43054       Transaction ID: SA11AI.7752         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance       Occupation Senior Vice President       Payroll deduction of \$25         Name of Employer Motorists Mutual Insurance       Occupation Senior Vice President       Payroll deduction of \$25         Primary       General       Occupation Senior Vice President       Payroll deduction of \$25         Primary       General       Occupation Senior Vice President       Payroll deduction of \$25         Primary       General       450.00       Full Name (Last, First, Middle Initial)				
federal political committee.       C         Name of Employer Motorists Mutual Insurance Company.       Occupation Senior Vice President         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Date of Receipt         B.       Charles D. Stapleton Mailing Address       G900 Kindler Drive         City       State       Zip Code         Name of Employer Motorists Mutual Insurance Company       OH       43054         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Payroll deduction of \$25.00       Payroll deduction of \$25.00       Payroll deduction of \$25.00         Primary       General       Occupation Senior Vice President       Payroll deduction of \$25.00         Primary       General       Occupation Senior Vice President       Payroll deduction of \$25.00         Payroll deduction of \$25       Payroll deduction of \$25       Payroll deduction of \$25.00         Payroll deduction of \$25       Payroll deduction of \$25       Payroll deduction of \$25		Amount of Each Receipt this Period	43054	
Matte of Enployer       Occupation       per pay         B.       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼		25.00		
Company       General         Primary       General         Other (specify) ▼       425.00         B.       Full Name (Last, First, Middle Initial)         Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive         City       State       Zip Code         New Albany       OH       43054         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Motorists Mutual Insurance       Occupation         Company       General         Other (specify) ▼       450.00		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		Name of Employer Occupatio Motorists Mutual Insurance Conject M
Primary       General         Other (specify)       425.00         B.       Full Name (Last, First, Middle Initial)         Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive         City       State         New Albany       OH         43054       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Senior Vice President       Aggregate Year-to-Date         Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       450.00		-		Company
B.       Charles D. Stapleton       Date of Receipt         Mailing Address       6900 Kindler Drive       0 0 7 / 2 0 0 7         City       State       Zip Code         New Albany       OH 43054       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Multual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Primary       General       Other (specify) ▼       450.00       450.00				Primary General
City       State       Zip Code       Transaction ID: SA11AI.7752         New Albany       OH       43054       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       450.00         Full Name (Last, First, Middle Initial)       First, Middle Initial)       Each Payroll deduction of \$25		Date of Receipt		· · · · /
New Albany       OH       43054       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25 per pay         Receipt For:       Aggregate Year-to-Date ▼       450.00       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)				Mailing Address 6900 Kindler Drive
FEC ID number of contributing federal political committee.       C       25.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25         Receipt For:       Aggregate Year-to-Date ▼       450.00       Payroll deduction of \$25         Full Name (Last, First, Middle Initial)		Transaction ID: SA11AI.7752	Zip Code	,
federal political committee.       23.00         Name of Employer Motorists Mutual Insurance Company       Occupation Senior Vice President       Payroll deduction of \$25 per pay         Receipt For: Primary       Aggregate Year-to-Date       ✓         Other (specify)       ✓       450.00         Full Name (Last, First, Middle Initial)       ✓		Amount of Each Receipt this Period	43054	
Name of Employer Motorists Mutual Insurance Company     Occupation Senior Vice President     per pay       Receipt For:     Aggregate Year-to-Date ▼     450.00       Other (specify) ▼     450.00		25.00		
Receipt For:       Aggregate Year-to-Date         Primary       General         Other (specify)       ✓         Full Name (Last, First, Middle Initial)			-	Motorists Mutual Insurance
Other (specify)     450.00       Full Name (Last, First, Middle Initial)		-		oompany
			450.00	
C. Charles D. Stapleton Date of Receipt		Date of Receipt		Full Name (Last, First, Middle Initial) Charles D. Stapleton
				Mailing Address 6900 Kindler Drive
City State Zip Code Transaction ID: SA11AI.7821				
New Albany OH 43054 Amount of Each Receipt this Period		_ Amount of Each Receipt this Period	43054	
		25.00		
Name of Employer Motorists Mutual Insurance Company Senior Vice President				
Company     Seried Vice President       Receipt For:     Aggregate Year-to-Date		1		Company
Primary     General       Other (specify)     ▼			475.00	
SUBTOTAL of Receipts This Page (optional)		75.00		SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only)			<b>•</b>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 211 / 263           (check only one)         11a           X         11a         11b           13         14         15         16           17         16         17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt
			10 05 2007
	City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.7912 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance <u>Company</u> Receipt For:	Occupation Senior Vice President Aggregate Year-to-Date ▼	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
	Primary General Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		10 <sup>M</sup> 19 <sup>J</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7979
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
- C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		M M / D D / Y Y Y Y 11 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8063
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 550.00	
	SUBTOTAL of Receipts This Page (optional)	•••••••	75.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 212 / 263         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		1 1 1 1 0 D 7 Y Y Y Y Y 1 1 1 1 0 1 6 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8142
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance	Occupation Senior Vice President	Payroll deduction of \$25 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	_
	PrimaryGeneralOther (specify)Image: Constraint of the second s	575.00	
- В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton	L	Date of Receipt
	Mailing Address 6900 Kindler Drive		M M / D D / Y Y Y Y 1 1 / 30 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8214
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	600.00	
– C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		12 / D D / Y Y Y 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8290
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	625.00	
Γ	SUBTOTAL of Receipts This Page (optional)		75.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 213 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		1 2 2 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8357
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$25 per pay
	Company Receipt For:	Senior Vice President Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	650.00	]
- B.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 07 / 13 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7482
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	350.00	]
- C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 07 / 27 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7550
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	375.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00
f	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 214 / 263         (check only one)       11a       11b       11c       12         X       11a       14       15       16       17
,	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road		Date of Receipt
			08 10 2007
	City Glenford	State Zip Code OH 43739	Transaction ID: SA11AI.7620 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 400.00	]
в.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road		Date of Receipt
			08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7688
	Glenford FEC ID number of contributing federal political committee.	OH 43739	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 425.00	]
с.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		09 07 Y Y Y Y 09 07
	City	State Zip Code	Transaction ID: SA11AI.7753
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance <u>Company</u> Receipt For:	Occupation Vice President Aggregate Year-to-Date ▼	per pay
	Primary General Other (specify) ▼	Aggregate Year-to-Date V 450.00	]
	SUBTOTAL of Receipts This Page (optional)	••••••	75.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 215 / 263         (check only one)       11a         X       11a         13       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	tatements may not be sold or used by any person name and address of any political committee to s COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		09 <sup>''</sup> 21 <sup>''</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7822
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)     ▼	475.00	
– В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7913
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	500.00	
– c.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	I	Date of Receipt
	Mailing Address 8816 Cooks Hill Road		10 <sup>//</sup> 19 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7980
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	525.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	75.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 216 / 263           (check only one)         X           X         11a         11b         11c         12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		
А.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8064
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	550.00	
в.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 11 1 16 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8143
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	575.00	
C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8215
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	·····	75.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 217 / 263         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road		Date of Receipt
			12 14 2007
	City Glenford	State Zip Code OH 43739	Transaction ID: SA11AI.8291 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	]
В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road		Date of Receipt
			12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8358
	Glenford FEC ID number of contributing federal political committee.	OH 43739	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  650.00	]
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 3264 Arctic Avenue		07 13 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.7483
	Lewis Center FEC ID number of contributing federal political committee.	OH 43035	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
	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 218 / 263           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 3264 Arctic Avenue		07 / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7551
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	375.00	
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	I	Date of Receipt
	Mailing Address 3264 Arctic Avenue		M = M         /         D = D         /         Y = Y = Y         Y           0 8         1 0         2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7621
	Lewis Center FEC ID number of contributing federal political committee.	OH 43035	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)	400.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	1	Date of Receipt
	Mailing Address 3264 Arctic Avenue		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 8         2 4         2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7689
	Lewis Center FEC ID number of contributing	OH 43035	Amount of Each Receipt this Period
	federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	425.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	75.00
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 219 / 263         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 3264 Arctic Avenue		M M / D D / Y Y Y Y 09 / 07 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7754
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 3264 Arctic Avenue		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7824
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	475.00	
С.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 3264 Arctic Avenue		M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7915
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	·····	75.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 220 / 263           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persol the name and address of any political committee to	
	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
Mailing Address 3264 Arctic Avenue		10 <sup>//</sup> 19 <sup>/</sup> Y Y Y Y 10 <sup>//</sup> 19 <sup>/</sup> 2007
City	State Zip Code	Transaction ID: SA11AI.7982
Lewis Center	OH 43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$25 per pay
pany Receipt For:	Aggregate Year-to-Date V	_
Primary     General       Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson		Date of Receipt
Mailing Address 3264 Arctic Avenue		M M / D D / Y Y Y Y 111 02 2007
City	State Zip Code	Transaction ID: SA11AI.8066
Lewis Center	OH 43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) C. Mr. Craig Thompson		Date of Receipt
Mailing Address 3264 Arctic Avenue		M M / D D / Y Y Y Y 111 16 2007
City	State Zip Code	Transaction ID: SA11AI.8145
Lewis Center	OH 43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify)     ▼	575.00	
SUBTOTAL of Receipts This Page (optiona	)	75.00
TOTAL This Period (last page this line num	<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each Detailed	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:       PAGE 221 / 263         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any	political committee to	
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue			Date of Receipt
				11 30 2007
	City	State Zip Co		Transaction ID: SA11AI.8217
	Lewis Center FEC ID number of contributing federal political committee.	OH 43035		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	te ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue			Date of Receipt
				12 14 2007
	City	State Zip Co		Transaction ID: SA11AI.8293
	Lewis Center FEC ID number of contributing federal political committee.	OH 43035		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ♥ 625.00	
с.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
	Mailing Address 3264 Arctic Avenue			12 22 Y Y Y Y 12 22 2007
	City	State Zip Co	de	Transaction ID: SA11AI.8360
	Lewis Center	OH 43035		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Da	to 🔻	pay
	Primary General Other (specify) ▼		650.00	
	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	75.00
	TOTAL This Period (last page this line number	only)	Þ	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 222 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7484
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$35
	Company	Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date	_
	Other (specify)	490.00	
в.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7552
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	525.00	
- C.	Full Name (Last, First, Middle Initial) James E. Vermillion	I	Date of Receipt
	Mailing Address 919 Byron Avenue		08 / D D / Y Y Y Y 08 10 2007
	City	State Zip Code	Transaction ID: SA11AI.7622
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	560.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	105.00
ŀ	TOTAL This Period (last page this line number		
1		····,, ·····	-

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the	FOR LINE NUMBER:         PAGE 223 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or use name and address of any politic	ed by any person al committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND		
∠ A.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
	Mailing Address 919 Byron Avenue			0 8 / D D / Y Y Y Y 0 8 2 4 2 0 0 7
	City	State Zip Code		Transaction ID: SA11AI.7690
	Columbus	OH 43227		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President		Payroll deduction of \$35 per pay
	Company Receipt For:	Aggregate Year-to-Date V		-
	Primary General Other (specify) ▼		595.00	
– В.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
	Mailing Address 919 Byron Avenue			09 / D D / Y Y Y Y 09 / 07 2007
	City	State Zip Code		Transaction ID: SA11AI.7755
	Columbus	OH 43227		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	8	35.00 Payroll deduction of \$35
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		per pay
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify) ▼		630.00	
– C.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
	Mailing Address 919 Byron Avenue			09 21 YYYY 09 21 2007
	City	State Zip Code		Transaction ID: SA11AI.7825
	Columbus	OH 43227		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00 Payroll deduction of \$35
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		per pay
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify)     ▼		665.00	
Γ	SUBTOTAL of Receipts This Page (optional)	l	····· •	105.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 224 / 263           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		10 <sup>M</sup> 05 <sup>Y</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7916
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	700.00	
- B.	Full Name (Last, First, Middle Initial) James E. Vermillion	I	Date of Receipt
	Mailing Address 919 Byron Avenue		10 <sup>//</sup> 19 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7983
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	
- C.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8067
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 770.00	7
Г	· · · · · · · · · · · · · · · · · · ·		
-	SUBTOTAL of Receipts This Page (optional)		105.00
	TOTAL This Period (last page this line number	only)	•

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 225 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		1 1 1 1 0 D / Y Y Y Y 1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8146
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$35 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	805.00	
— В.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.8218
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00 Payroll deduction of \$35
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	840.00	
— С.	Full Name (Last, First, Middle Initial) James E. Vermillion	1	Date of Receipt
	Mailing Address 919 Byron Avenue		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8294
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	875.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	105.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 226 / 263         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) James E. Vermillion		Date of Receipt
	Mailing Address 919 Byron Avenue		12 22 Y Y Y Y 10007
	City	State Zip Code	Transaction ID: SA11AI.8361
	Columbus	OH 43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Company Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	910.00	]
— В.	Full Name (Last, First, Middle Initial) Richard J. Walton	1	Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7485
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice President Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
— C.	Full Name (Last, First, Middle Initial) Richard J. Walton	I	Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		07 / 27 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7553
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	375.00	
	SUBTOTAL of Receipts This Page (optional)		85.00
	<b>OTAL</b> This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 227 / 263         (check only one)       11a         X       11a       11b         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		08 / D / Y Y Y Y 08 / 10 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7623
	Hilliard FEC ID number of contributing	OH 43026	Amount of Each Receipt this Period
	federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$25 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	400.00	]
– В.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7691
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	425.00	
– c.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 09 07 2007
	City	State Zip Code	Transaction ID: SA11AI.7756
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	450.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	75.00
	TOTAL This Period (last page this line number	<b>·</b>	

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any perso	FOR LINE NUMBER:       PAGE 228 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		09 21 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.7826
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$25 per pay
	Company Receipt For:	Vice President Aggregate Year-to-Date	_
	Primary General		1
	Other (specify) <b>v</b>	475.00	
- В.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 10 / 05 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7917
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For: Primary General	Aggregate Year-to-Date  500.00	1
	Other (specify) 🔻		
- С.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7984
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	525.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
F	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 229 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd.		Date of Receipt
			11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8068
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	]
в.	Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd.		Date of Receipt
	21		11 16 2007
	City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.8147 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice President	Payroll deduction of \$25 per pay
	Primary General Other (specify) $rac{1}{2}$	Aggregate Year-to-Date ▼ 575.00	]
с.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		1 1 / D D / Y Y Y Y 1 1 / 3 0 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8219
	Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	]
	SUBTOTAL of Receipts This Page (optional)		75.00
	TOTAL This Period (last page this line number	only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 230 / 263         (check only one)       11a         X       11a       11b       11c       12         I       13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8295
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Company	Vice President	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	625.00	
- В.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.		M M / D D / Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8362
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	650.00	
– C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7486
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	280.00	
Γ	SUBTOTAL of Receipts This Page (optional)		70.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 231 / 263         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7554
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	300.00	
– В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	I	Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M = M         /         D = D         /         Y = Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y         Y = Y = Y = Y         Y = Y = Y = Y         Y = Y = Y = Y         Y = Y = Y = Y = Y = Y         Y = Y = Y = Y = Y = Y = Y = Y = Y = Y =
	City	State Zip Code	Transaction ID: SA11AI.7624
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	320.00	
– C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	I	Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M + M         /         D + D         /         Y         Y + Y         <
	City	State Zip Code	Transaction ID: SA11AI.7692
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	340.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱	60.00
╞	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 232 / 263         (check only one)       11a         X       11a         13       14         15       16         17
	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		09 / D D / Y Y Y Y 09 / 07 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7757
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	360.00	
В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7827
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     Image: Constraint of the second	380.00	
– C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	1	Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		10 <sup>2</sup> 05 <sup>2</sup> 4 <sup>2</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7918
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	400.00	
Γ	SUBTOTAL of Receipts This Page (optional)		60.00
	TOTAL This Period (last page this line number		

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 233 / 263
		for each category of the	(check only one)
-		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and so for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		10 <sup>/</sup> 19 <sup>/</sup> Y Y Y Y 10 <sup>/</sup> 19 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7985
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	Payroll deduction of \$25
	Motorists Mutuál Insurance Company	Vice President	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	420.00	
– В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y Y Y Y 1 1 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8069
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>
	Company	Vice President	_
	Receipt For: Primary General	Aggregate Year-to-Date	1
	Other (specify) ▼	440.00	
– c.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y Y Y Y 1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8148
	<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$20 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	-1
	Primary General Other (specify)	460.00	
Γ	CURTOTAL of Dessints This Dave (anti-		60.00
┝	<b>SUBTOTAL</b> of Receipts This Page (optional) .	•••••	
	TOTAL This Period (last page this line number	r only)	· · · · · · · · · · · · · · · · · · ·

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 234 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y Y Y Y 1 1 30 2007
	City	State Zip Code	Transaction ID: SA11AI.8220
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	480.00	
- В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8296
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
- C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		12 22 YYYY 12 2007
	City	State Zip Code	Transaction ID: SA11AI.8363
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	520.00	
ſ	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 sche for each category	edule(s) of the	FOR LINE NUMBER: PAGE 235 / 263 (check only one)
		Detailed Summary	-	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by name and address of any political c	by any person committee to so	tor the purpose of soliciting contributions plicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	OMPANY CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt
	Mailing Address 5203 South 8th Street			M         M         /         D         D         Y
	City	State Zip Code		Transaction ID: SA11AI.7506
	<u>Sheboygan</u>	WI 53081		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President		Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼		
	Other (specify)		240.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt
	Mailing Address 5203 South 8th Street			0 8 1 0 2 0 0 7
	City	State Zip Code		Transaction ID: SA11AI.7577
	<u>Sheboygan</u>	WI 53081		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President		Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify) ▼	2	280.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt
•	Mailing Address 5203 South 8th Street			M         M         /         D         /         Y
	City	State Zip Code		Transaction ID: SA11AI.7645
	<u>Sheboygan</u>	WI 53081		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President		Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify) ▼	3	320.00	
	SUBTOTAL of Receipts This Page (optional)		•	120.00
	<b>TOTAL</b> This Period (last page this line number of			
	I UTAL This Period (last page this line number of	ину)	····· <b>P</b>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 236 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
			09 07 2007
	City <u>Sheboygan</u>	State Zip Code WI 53081	Transaction ID: SA11AI.7710 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
		Chata Zin Orda	09 21 2007
	City Shebovgan	State Zip Code WI 53081	Transaction ID: SA11AI.7779 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	<ul> <li>Payroll deduction of \$40 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date  400.00	
с.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
			10 05 2007
	City <u>Sheboygan</u>	State Zip Code WI 53081	Transaction ID: SA11AI.7866
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	<ul> <li>Payroll deduction of \$40 per pay</li> </ul>
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date ▼ 440.00	
	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 237 / 263           (check only one)         11a           X         11a         11b           13         14         15           16         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
			10 19 2007
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.7936 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	<ul> <li>Payroll deduction of \$40 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 480.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
	<u>Citu</u>	State Zin Code	
	City Shebovgan	State Zip Code WI 53081	Transaction ID: SA11AI.8020 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	<ul> <li>Payroll deduction of \$40 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 520.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		M M / D D / Y Y Y Y 11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8098
	<u>Sheboygan</u>	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 560.00	
	SUBTOTAL of Receipts This Page (optional)		120.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	
A	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by ar name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		1 1 / 3 0 / Y Y Y Y 1 1 1 3 0 / 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8169
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.	00
— В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		M M / D D / Y Y Y Y 12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8247
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	640.	00
 C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
•	Mailing Address 5203 South 8th Street		12 22 Y Y Y Y 12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8315
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	680.	00
	SUBTOTAL of Receipts This Page (optional)	l	120.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 239 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt
	<u>City</u>	State Zin Code	
	City Bettendorf	State Zip Code	Transaction ID: SA11AI.7858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date ▼ 210.00	
в.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt
			10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7930
	Bettendorf FEC ID number of contributing	IA 52722	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
С.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		M M / D D / Y Y Y Y 111 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8014
	Bettendorf FEC ID number of contributing federal political committee.	IA 52722	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
Ī	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 240 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt
			11 16 2007
	City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.8092
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
в.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt
	-		11 30 2007
	City Bettendorf	State Zip Code	Transaction ID: SA11AI.8162
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 270.00	
С.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		1 2 1 4 Y Y Y Y 1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8241
	Bettendorf FEC ID number of contributing federal political committee.	IA 52722	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	<ul> <li>Payroll deduction of \$15</li> <li>per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
ĺ	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 241 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt
			12 22 2007
	City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.8309 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive V	N	Date of Receipt
	Maining Address 3319 Medalilon Drive V		07 13 2007
	City	State Zip Code	Transaction ID: SA11AI.7487
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	<ul> <li>Payroll deduction of \$30 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
- C.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive V	Ν.	07 / 27 / Y Y Y Y 07 / 27 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7555
	Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date ▼ 450.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	75.00
-	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ry of the	K     The second s
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or use name and address of any politica	ed by any person al committee to so	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND		
∠ A.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.		M M / D D / Y Y Y Y 08 10 2007
	City	State Zip Code		Transaction ID: SA11AI.7625
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary     General       Other (specify) ▼		480.00	
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert	1		Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.		M M / D D / Y Y Y Y 08 24 2007
	City	State Zip Code		Transaction ID: SA11AI.7693
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		510.00	
- с.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.		09072007
	City	State Zip Code		Transaction ID: SA11AI.7758
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		per pay
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify)     ▼		540.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	<b>&gt;</b>	90.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.	M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7828
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)		570.00
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.	10 <sup>//</sup> 05 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7919
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	6	600.00
– c.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	Ν.	M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7986
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	· · · · · · · · · · · · · · · · · · ·	630.00
Γ	SUBTOTAL of Receipts This Page (optional)	I	90.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 244 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
		Statements may not be sold or used by any perso e name and address of any political committee to	
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	M M / D D / Y Y Y Y 11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8070
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance	Occupation Senior Vice President	Payroll deduction of \$30 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	660.00	
— В.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	M M / D D / Y Y Y Y 11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8149
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	690.00	
– c.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	M M / D D / Y Y Y Y 1 1 30 2007
	City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.8222
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.		30.00
	Name of Employer Motorists Mutual Insurance	Occupation Senior Vice President	Payroll deduction of \$30 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify) ▼	720.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	L	90.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 245 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma the name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY	CIVIC FUND	
⊻ 4.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	e W.		M M / D D / Y Y Y Y 12 14 2007
	City	State	Zip Code	Transaction ID: SA11AI.8303
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$30 per pay
	Company Receipt For:		lice President	_
	Primary General Other (specify)	Aggregate	e Year-to-Date 750.00	1
- 3.	Full Name (Last, First, Middle Initial)			Doto of Receipt
<b>.</b>	Charles A. Wickert Mailing Address 5519 Medallion Drive	e W.		Date of Receipt 1 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.8364
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupatio Senior V	on /ice President	Payroll deduction of \$30 per pay
	Company Receipt For:		e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	780.00	]
_ ).	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			07 13 Y Y Y Y 07
	City	State	Zip Code	Transaction ID: SA11AI.7488
	Sunbury	OH	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	210.00	]
Γ	CURTAL of Possisto This Poss (anti			75.00
┝	SUBTOTAL of Receipts This Page (optional)	)		
	TOTAL This Period (last page this line numb	er only)		

:	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 246 / 263 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M M / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.7556
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7626
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	240.00	
- C.	Full Name (Last, First, Middle Initial) Charles A. Williams	1	Date of Receipt
	Mailing Address 14924 S. R. 35, E.		08 / D D / Y Y Y Y 08 24 2007
	City	State Zip Code	Transaction ID: SA11AI.7694
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)	255.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 247 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		09 07 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.7759
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	270.00	
– В.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M M / D D / Y Y Y Y 09 21 2007
	City	State Zip Code	Transaction ID: SA11AI.7829
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	285.00	
– c.	Full Name (Last, First, Middle Initial) Charles A. Williams	1	Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M M / D D / Y Y Y Y 10 05 2007
	City	State Zip Code	Transaction ID: SA11AI.7920
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	<ul> <li>Payroll deduction of \$15 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	45.00
F	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 248 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M M / D D / Y Y Y Y 10 19 2007
	City	State Zip Code	Transaction ID: SA11AI.7987
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction of \$15 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	315.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Williams	I	Date of Receipt
	Mailing Address 14924 S. R. 35, E.		1 1 0 2 Y Y Y Y 1 1 1 0 2 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8071
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	330.00	
- C.	Full Name (Last, First, Middle Initial) Charles A. Williams	I	Date of Receipt
	Mailing Address 14924 S. R. 35, E.		1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.8150
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	345.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	45.00
	<b>TOTAL</b> This Period (last page this line number	oniy)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	name and address of any political comm	ittee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.		Date of Receipt
	City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: SA11AI.8223
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date	Payroll deduction of \$15 per pay
_	Primary General Other (specify) ▼	360.	00
В.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		M M / D D / Y Y Y Y 12 / 14 / 2007
	City	State Zip Code	Transaction ID: SA11AI.8298
	Sunbury FEC ID number of contributing federal political committee.	OH 43074	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date V	Payroll deduction of \$15 per pay
	Primary     General       Other (specify) ▼	375.	00
- C.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		12 22 2007
	City	State Zip Code	Transaction ID: SA11AI.8365
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date	per pay
	Primary General Other (specify) ▼	Aggregate real-to-Date •	00
ſ	SUBTOTAL of Receipts This Page (optional)		▶ 45.00
ſ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 250 / 263           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	
	> MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		07 / 13 / Y Y Y Y 007
	City	State Zip Code	Transaction ID: SA11AI.7489
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary   General     Other (specify)	490.00	]
— В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		07 / 27 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7557
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary   General     Other (specify)	525.00	
– C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7627
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	560.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	105.00
	TOTAL This Period (last page this line number	<b>·</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 251 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	> MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		08 / D D / Y Y Y Y 08 / 24 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7695
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify) ▼	595.00	
- В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		09 / D D / Y Y Y Y 09 / 07 / 2007
	City	State Zip Code	Transaction ID: SA11AI.7760
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     Image: Constraint of the second	630.00	
– c.	Full Name (Last, First, Middle Initial) Michael L. Wiseman	1	Date of Receipt
	Mailing Address 90 Timberknoll Loop		09 / 25 / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.7830
	Powell FEC ID number of contributing	OH 43065	Amount of Each Receipt this Period
	federal political committee.		35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	665.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	105.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 252 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		10 <sup>D</sup> 05 <sup>Y</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7921
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	700.00	]
- B.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		10 <sup>//</sup> 19 <sup>/</sup> Y Y Y Y 10 <sup>//</sup> 19 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: SA11AI.7988
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	735.00	
с.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 11 02 2007
	City	State Zip Code	Transaction ID: SA11AI.8073
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	770.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	۱ ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	105.00
ŀ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 253 / 263         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	1
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 111 16 2007
	City	State Zip Code	Transaction ID: SA11AI.8151
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance	Occupation	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Company	Treasurer	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	805.00	
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		1 1 <sup>M</sup> <sup>M</sup> <sup>7</sup> <sup>D</sup> <sup>D</sup> <sup>7</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: SA11AI.8224
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	840.00	
С.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		12 / D D / Y Y Y 14 2007
	City	State Zip Code	Transaction ID: SA11AI.8299
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify) ▼	875.00	
	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 s for each catego Detailed Summ	ory of the	FOR LINE NUMBER:         PAGE 254 / 263           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements main name and ad	y not be sold or use dress of any politic	ed by any person al committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of Receipt
	Mailing Address 90 Timberknoll Loop				12 <sup>1</sup> 22 <sup>1</sup> 2007
	City	State	Zip Code		Transaction ID: SA11AI.8366
	Powell	ОН	43065		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		*	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupatio Treasure			Payroll deduction of \$35 per pay
	Receipt For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼	910.00	

SUBTOTAL of Receipts This Page (optional)	►	35.00
TOTAL This Period (last page this line number only)	►	16767.00

Any Information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 OBETZ DR City BEAVERCREEK Purpose of Disbursement Contribution Candidate Name Office Sought: X House Disburs	ne and address of any politica		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 OBETZ DR City BEAVERCREEK Purpose of Disbursement Contribution Candidate Name	MPANY CIVIC FUND State Zip Code OH 45434 ement For: 2008 Primary General	011 Category/	Transaction ID: SB23.8232Date of Disbursement $12^{M}$ $03^{J}$ $2007^{Y}$ Amount of Each Disbursement this Period
STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 OBETZ DR City BEAVERCREEK Purpose of Disbursement Contribution Candidate Name	OH 45434	Category/	Date of Disbursement
City BEAVERCREEK Purpose of Disbursement Contribution Candidate Name	OH 45434	Category/	Amount of Each Disbursement this Period
BÉAVERCREEK Purpose of Disbursement Contribution Candidate Name	OH 45434	Category/	
Contribution Candidate Name	C Primary General	Category/	250.00
Office Sought: X House Disburs	C Primary General		
Full Name (Last, First, Middle Initial) Steve Stivers for U S Congress			Transaction ID: SB23.8404 Date of Disbursement
Mailing Address 372 W SECOND AVE			$\begin{array}{c c} \stackrel{M}{1} \stackrel{M}{1} \stackrel{M}{1} \stackrel{M}{1} \stackrel{I}{1} \stackrel{I}{4} \stackrel{D}{1} \stackrel{I}{4} \stackrel{I}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{7} \stackrel{Y}{7} \end{array}$
City COLUMBUS	StateZip CodeOH43201		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/ Type	500.00
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r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Mailing Address (In Ful) Marre (Last, First, Middle Initial) Batchelder for State Representative Mailing Address 22 Parkview Drive City Medina OH 44256 Purpose of Disbursement Contribution OH 44256 Full Name (Last, First, Middle Initial) Disbursement For: 2008 State: OH District: 70 City State Zip Code Oisbursement Contribution OH 45324 City State State Zip Code Transaction ID: SB29.7841 Date of Disbursement this Perio Candidate Name Contribution OH 45324 City State Zip Code Transaction ID: SB29.7841 Date of Disbursement this Perio City State Zip Code Transaction ID: SB29.7841 Date of Disbursement this Perio City State Zip Code OH 45324 City State City Code City Type Cifice Sought: X House Disbursement For: 2008 Senate Prepose of Disbursement Contribution Contribution Contribution Citizens for DeWine District: 70 City State Zip Code Primary X General Cother (specify)  Cifice Sought: X House Disbursement For: 2008 Senate Prepose of Disbursement Cortification D: SB29.7631 Date of Disbursement this Perio Cifice Sought: X House Disbursement For: 2008 Senate Prepose of Disbursement Contribution Candidate Name City State Zip Code OH 43055 Purpose of Disbursement For: 2008 Senate Preposed Tobibursement For: 2008 Senate Preposed Disbursement For: 2008 Senate Preposed Disbursement Contribution Candidate Name City State Zip Code OH 43055 Purpose of Disbursement For: 2008 Senate Preposed D	MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial) Batchelder for State Representative         Mailing Address       22 Parkview Drive         City Medina       QH         Purpose of Disbursement Contribution       QH         Condidate Name       QH         Office Sought:       X House President         State:       OH         Disbursement for:       2008         X Primary       General Other (specify)         Other (specify)       Transaction ID: SB29, 7841         Date of Disbursement this Perio       2008         X Primary       General         Other (specify)       Transaction ID: SB29, 7841         Date of Disbursement to:       State:         Other (specify)       Transaction ID: SB29, 7841         Date of Disbursement to:       Other (specify)         Mailing Address       506 Crisp Wind Court         City       State:       Other (specify)         Purpose of Disbursement for:       2008         Primary       X General         Office Sought:       X House         Disbursement For:       2008         Primary       X General         Office Sought:       X House         Primary	SCHEDULE B (FEC For ITEMIZED DISBURSEM	Use separate scheo	
NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         Batchelder for State Representative         Mailing Address       22 Parkview Drive         City       State         Contribution       011         Candidate Name       Disbursement For:         Office Sought:       X House         District: 69       Disbursement For:         City       State:         Office Sought:       X House         District: 70       Disbursement For:         Purpose of Disbursement       Other (specify)         Contribution       011         Candidate Name       011         City       State:         Purpose of Disbursement       Other (specify)         Contribution       011         Candidate Name       011         Office Sought:       X House         Disbursement for:       2008         Purpose of Disbursement       011         Candidate Name       011         Office Sought:       X House         Disbursement For:       2008         Purpose of Disbursement       011         City       Senate	NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         Batchelder for State Representative         Maling Address       22 Parkview Drive         City       State         Maling Address       22 Parkview Drive         City       State         Contribution       011         Candidate Name       011         Candidate Name       011         Candidate Name       Disbursement For:         District: 69       Other (specify)         Full Name (Last, First, Middle Initial)       Citizens for DeWine         Maling Address       506 Crisp Wind Court         City       State:         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Category/ Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Purpose of Disbursement       011         Category/ Type       011         Category/ Type       011         City       State         State: OH       District: 70         Full Name (Last,			
Batchelder for State Representative       Mailing Address       22 Parkview Drive         City       Mailing Address       22 Parkview Drive         City       State       Zip Code         Medina       OH       44256         Purpose of Disbursement       011         Contribution       011         Candidate Name       011         State: OH       District 69         District 59       Other (specify) ▼         Mailing Address       506 Crisp Wind Court         City       State         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Cate of Disbursement For:       2008         Senate       President         Senate       President         President       011         City       Senate         President <td>Batchelder for State Representative       Date of Disbursement         Mailing Address       22 Parkview Drive         City       State       Zip Code         Medina       OH       44256         Purpose of Disbursement       O11         Candidate Name       011         City and the Initial)       Other (specify) ▼         Office Sought:       X House         President       Disbursement For:       2008         X House       Disbursement For:       2008         Y ± 0 ± 0 T       Y ± 0 ± 0 T         Mailing Address       506 Crisp Wind Court         Mailing Address       506 Crisp Wind Court         City       State:       O11         Candidate Name       011         Cate of Disbursement       011         Cardidate Name       011         City       State         Purpose of Disbursement       011         Cate of Disbursement       011         Candidate Name       Disbursement For:</td> <td>NAME OF COMMITTEE (In Full)</td> <td></td> <td></td>	Batchelder for State Representative       Date of Disbursement         Mailing Address       22 Parkview Drive         City       State       Zip Code         Medina       OH       44256         Purpose of Disbursement       O11         Candidate Name       011         City and the Initial)       Other (specify) ▼         Office Sought:       X House         President       Disbursement For:       2008         X House       Disbursement For:       2008         Y ± 0 ± 0 T       Y ± 0 ± 0 T         Mailing Address       506 Crisp Wind Court         Mailing Address       506 Crisp Wind Court         City       State:       O11         Candidate Name       011         Cate of Disbursement       011         Cardidate Name       011         City       State         Purpose of Disbursement       011         Cate of Disbursement       011         Candidate Name       Disbursement For:	NAME OF COMMITTEE (In Full)		
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Contribution       011         Candidate Name       Disbursement For: 2008         State: OH       District: 70         Full Name (Last, First, Middle Initial)       Other (specify) ▼         Citizens for Hottinger       01         Mailing Address       386 Sabrecutt Drive         City       State       Zip Code         Newark       OH       43055         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Cardidate Name       011	Impose of Disbursement For:       2008         Office Sought:       X         President       Disbursement For:       2008         State: OH       District: 70         Full Name (Last, First, Middle Initial)       Other (specify) ▼         Citizens for Hottinger       Mailing Address       386 Sabrecutt Drive         Mailing Address       386 Sabrecutt Drive       011         City       State       OH       43055         Purpose of Disbursement       011       Category'         Candidate Name       011       011         Cardidate Name       011       Category'         Office Sought:       X       House         Other (specify)        1250.00			Amount of Each Disbursement this Period
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Newark       OH       43055         Purpose of Disbursement       011         Campaign contribution       011         Candidate Name       011         Candidate Name       011         Office Sought:       X         X       House         Disbursement For:       2008         X       Primary         General       Other (specify)         State: OH       District: 71	Newark       OH       43055         Purpose of Disbursement       011         Campaign contribution       011         Candidate Name       011         Candidate Name       011         Office Sought:       X         Senate       X         President       Other (specify)         State: OH       District: 71         SubtrotraL of Disbursements This Page (optional)       1250.00	Mailing Address 386 Sabred	cutt Drive	
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NAME OF COMMITTEE (In Full)		 									
MOTORISTS MUTUAL INSURANCE CON	PANY CIVIC FUND										
Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon				Date	of D	isburs	eme				
Mailing Address 5325 Ponderosa Drive		 		0 <sup>M</sup> 7	М	/ <sup>D</sup> 2	20	/ Y	ž	0 ð 7	, Y
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Full Name (Last, First Citizens for Zehring	st, Middle Initial)								ion ID	-	B29.78 ent	346		
Mailing Address	2191 Oak Street						1 <sup>M</sup> 0	М	/ D(	03	/ Y	ž	0 ð 7	Y
City Maria Stein		State OH	Zip Code 45860				Amou	nt o	f Each	h Di	sburse	0		-
Purpose of Disburse Contribution Candidate Name	ement				011 atego		L.					2	250.0	0
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Mailing Address	233 South High Street						1 <sup>M</sup> 2	М	/ <b>D</b>	03	/ Y	ž	0 ð 7	Y
City Columbus		State OH	Zip Code 43215				Amou	nt o	f Each	h Di	sburse	-		
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	sements This Page (optional)					<b>•</b>		•				7	50.0	0

	ULE B (FEC Form 3) D DISBURSEMENT	Use separate schedule(s)	FOR LINE (check only 21b 27	NUMBER:         PAGE         260 / 263           22         23         24         25         26           28a         28b         28c         X         29         300
or for comme	ercial purposes, other than using F COMMITTEE (In Full) RISTS MUTUAL INSURANG			or the purpose of soliciting contributions licit contributions from such committee
	e (Last, First, Middle Initial) ttee for Larry Flowers uddress 14 East Gay Stre	et		Transaction ID: SB29.8155 Date of Disbursement 1 1 <sup>M</sup> / <sup>D</sup> 2 6 / <sup>Y</sup> 2 0 0 7 <sup>Y</sup>
City Columb Purpose contribut	Second Floor ous of Disbursement	State Zip Code OH 43215	011	Amount of Each Disbursement this Period 500.00
Candidat Office So	e Name	Disbursement For: 2008 X Primary General	011 Category/ Type	
	H District: 19 e (Last, First, Middle Initial) for State Representative	Other (specify)		Transaction ID: SB29.7844 Date of Disbursement
Mailing A		State Zip Code		M       M       I       D       D       I       Y
Greenfi Purpose Contribut Candidat	of Disbursement tion	OH 45123	011 Category/ Type	250.00
Office So State: O	Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		
	e (Last, First, Middle Initial) a. Jackson, For A Better Cle	eveland		Transaction ID: SB29.8235 Date of Disbursement
Mailing A	ddress 3029 Prospect A			
City Clevela Purpose Contribut	of Disbursement	State Zip Code OH 44115	011	Amount of Each Disbursement this Period 500.00
Candidat		Disburgement Ferry 2000	Category/ Type	
Office So State:	Dught: House Senate President District:	Disbursement For: 2008 X Primary General Other (specify) ▼		
SUBTOTA	L of Disbursements This Page (	optional)	····· <b>Þ</b>	1250.00
TOTAL Th	is Period (last page this line nun	nber only)	•	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-		NE NUMBER: PAGE 261 / only one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	X	25 29	20
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name												;
NAME OF COMMITTEE (In Full)	and address of any pointCal Co		nite			iuuli			SUCIT		nude	
	PANY CIVIC FUND											
Full Name (Last, First, Middle Initial) Friends of Bill Coley					Trans Date				B29.7 ent	842		
Mailing Address 8265 Cherry Laurell Drive	•					_				ž	0 ð 7	Y
	State Zip Code OH 45044-8347				Amou	nt o	f Each	h Di	sburse	ment	this F	Period
Purpose of Disbursement Contribution		C	)11		L.						250.0	0
Candidate Name		Cat T	egoi ype	у/								
President	nent For: 2008 Primary X General Other (specify) <b>▼</b>											
State: OH District: 55												
Full Name (Last, First, Middle Initial) Friends of Faber					Date	of Di	sburs	sem				
Mailing Address 7706 State Route 703					1 <sup>M</sup> 0	М		2 <sup>D</sup>	/ Y	ž	0 ð 7	, Y
	State Zip Code OH 45822				Amou	nt o	f Each	h Di	sburse			
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Office Sought: X House Disburser Senate X President	nent For: 2008 Primary General Other (specify) ▼											
State: OH District: 77												
Full Name (Last, First, Middle Initial) Friends of Matthew J. Dolan					Trans Date			-	B29.7 ent	997		
Mailing Address 100 7th Avenue Box 12					1 <sup>M</sup> 0	М	D	2 9	/ Y	ž	0 ð 7	Y
City S	State Zip Code OH 44024				Amou	nt o	f Each	h Di	sburse			
Purpose of Disbursement Campaign Contribution		C	)11		L.					į	500.0	0
Candidate Name			egoi ype	ry/								
Office Sought: X House Disburser Senate X President	nent For: 2008 Primary General Other (specify) ▼											
State: OH District: 98												
SUBTOTAL of Disbursements This Page (optional)				►						12	50.0	0
TOTAL This Period (last page this line number only)			•	►								

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)     (che       for each category of the     2       Detailed Summary Page     2	PAGE     262 / 263       21b     22     23     24     25     26       27     28a     28b     28c     X     29     30
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE Co	ame and address of any political committee	
Full Name (Last, First, Middle Initial) Husted for Ohio		Transaction ID: SB29.7840 Date of Disbursement
Mailing Address 148 Sherbrooke Drive	State Zip Code OH 45429	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011 Categor	500.00
	Type Ursement For: 2008 Primary X General Other (specify) ▼	y'
Full Name (Last, First, Middle Initial) O'Connor for Supreme Court		Transaction ID: SB29.8084 Date of Disbursement
Mailing Address 211 South Fifth Street		
City Columbus Purpose of Disbursement	State Zip Code OH 43215	Amount of Each Disbursement this Period 5500.00
Contribution Candidate Name	011 Categor Type	y/
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) OH House Republican Campaign Comr	nittee	Transaction ID: SB29.7852 Date of Disbursement
Mailing Address 4679 Winterset Drive		
City Columbus	State Zip Code OH 43220	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	011 Categor Type	y/ 500.00
Office Sought: House Disbu Senate President State: OH District:	ursement For: 2008 Primary X General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number of		► 6500.00

ç	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 263/263	
	TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
I	IEMIZED DISBURSEMENTS	Detailed Summary Page	21b		
			27	28a 28b 28c X 29 30b	
	Any Information copied from such Reports and or for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full)				
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND			
. –	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.8080	
Α.	OIIPAC			Date of Disbursement	
				11 $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$	
	Mailing Address 172 East State Street P. O. Box 816				
	City	State Zip Code		Amount of Each Disbursement this Period	
	Columbus	OH 43216		4500.00	
	Purpose of Disbursement Contribution			1500.00	
	Candidate Name		Category/ Type		
	Office Sought: House Di Senate President	isbursement For: 2008 X Primary General Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.8083	
В.	Stratton for Supreme Court Committee			Date of Disbursement	
	· · · · · · · · · · · · · · · · · · ·			1 1 <sup>M</sup> / 1 2 / 2 0 0 7	
	Mailing Address 260 North Cassady Avenue			11 12 2007	
	City Columbus	State Zip Code OH 43209		Amount of Each Disbursement this Period	
	Purpose of Disbursement Contribution 01			5500.00	
	Candidate Name		Category/ Type		
	Office Sought: House Di Senate President	isbursement For: 2008 X Primary General Other (specify) ▼			
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	•	7000.00
TOTAL This Period (last page this line number only)	►	19600.00
FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)