FEC AN FORM 3X For	EPORT OF ND DISBUR Other Than An Auth E OR PRINT V ISURANCE COMP	SEMENTS orized Committe Example: If typir over the lines.	S ee	Office Use C	'nly
COMMITTEE (in full)		over the lines.	ng, type 12F		1
				FE4M5	
ADDRESS (number and street)	71 E BROAD ST				
Check if different than previously reported. (ACC)	:OLUMBUS		OH	43215	
2. FEC IDENTIFICATION NUMB		Y 🔺	STATE	▲ ZIF	CODE ▲
C C00336834			NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: Mar	20 (M3) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 Primary (12F Convention (12C) S	tunoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the special (30S) the ate of
Type or Print Name of Treasurer _	29 / 2016 eport and to the best of laack, Susan E., , Mrs.,	through	12 3		Y / Y Y Y Y 2017
NOTE: Submission of false, erroneous	or incomplete information	may subject the per-		FEC F	of 52 U.S.C. § 30109 ORM 3X 05/2016

01/26/2017 13 : 59

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From:	M / D D / Y Y Y Y 29 / 2016 To:	12 / D D / Y Y Y Y Y 12 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		38811.96
	(b) Cash on Hand at Beginning of Reporting Period	32818.96	
	(c) Total Receipts (from Line 19)	3456.00	33996.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	36274.96	72807.96
7.	Total Disbursements (from Line 31)	0.00	36533.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36274.96	36274.96
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:	/ 29 / 2016 To:	12 / D D / Y Y Y Y 12 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 		
(i) Itemized (use Schedule A)	3405.00	19485.80
(ii) Unitemized	51.00	13510.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3456.00	32996.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3456.00	32996.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made 	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	1000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3456.00	33996.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	3456.00	33996.00

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal						
Activity (from Schedule H4) (i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	0.00	33.00				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	33.00				
Committees	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	7250.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures (52 U.S.C. § 30116(d))						
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made 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				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00				
Other Dishursements (Including						
Other Disbursements (Including Non-Federal Donations)	0.00	29250.00				
Federal Election Activity (52 U.S.C. § 30101	20))					
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid						
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	36533.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	36533.00				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

							3456.00
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							0.00
	4	- j -			-		0.00
			1				
	4	-	4	4	-		3456.00
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100			1		1		
		-7			-7		0.00
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				32996.00
-	-7	-	-7	32990.00
				0.00
	-7-		-7-	49.
				32996.00
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				33.00
	7		-7	
				0.00
-	-7		-7	
				33.00
	 -7-		 -7-	

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUN	D									
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5658 Tynecastle Loop			12 02 2016									
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.25805 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		40.00									
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For:	Pres	upation (for Individual) sident MLIC	Payroll Deduction \$40.00									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00										
Full Name of Individual (Last, First, Middle Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	Initial) or Full O	rganization Name	Date of Receipt									
City	State	Zip Code	12 16 2016 Transaction ID : SA11AI.25867									
	OH	43016	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		40.00									
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Deduction \$40.00									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5658 Tynecastle Loop	1		12 30 / Y Y Y Y 2016									
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.25929 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		40.00									
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) ident MLIC	Memo Item Payroll Deduction \$40.00									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00										
SUBTOTAL of Receipts This Page (optional)			120.00									
TOTAL This Period (last page this line numb	per only)											

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ one	e)								
•			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the	purp	ose of	soliciting	contribu	utions					
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNI	D											
A.	Full Name of Individual (Last, First, Middle Initia Benseler, David, R., ,	al) or Full O	rganization Name		Date of Receipt										
	Mailing Address 2746 Sandhurst Dr.				12 02 2016										
	City Lewis Center	State OH	Zip Code 43035					SA11AI. eceipt th		t t					
	FEC ID number of contributing federal political committee.	С					y		25	.00					
	Name of Employer (for Individual) Motorist Mutual Ins. Co.		upation (for Individual) istant VP		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
B.	Full Name of Individual (Last, First, Middle Initia Benseler, David, R., ,	al) or Full O	rganization Name		Date of	Rec	ceipt								
	Mailing Address 2746 Sandhurst Dr.				12 16 / Y Y Y Y 2016										
	City Lewis Center	State OH	Zip Code 43035		Transaction ID : SA11AI.25868 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer (for Individual) Motorist Mutual Ins. Co.	Occi Assi		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]											
с.	Full Name of Individual (Last, First, Middle Initia Benseler, David, R., ,	al) or Full O	rganization Name		Date of	Rec	ceipt								
	Mailing Address 2746 Sandhurst Dr.				^M 12	/	D D D 30	/ Y	y y 2016	Y					
	City Lewis Center	State OH	Zip Code 43035					SA11AI. eceipt th		d					
	FEC ID number of contributing federal political committee.	С					y		25	.00					
Name of Employer (for Individual) Motorist Mutual Ins. Co.			upation (for Individual) stant VP		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			•			,		75	.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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PAGE 8 OF

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			Detailed Summary Page			13		14	. [1	5		16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na																
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		OMPANY CIVIC FU	IND													
A.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C	Organization Name		Date of Receipt												
	Mailing Address 5300 Snider Loop				12 02 2016												
	City	State OH	Zip Code		Transaction ID : SA11AI.25807												
	New Albany		43054		Ar	noun	t of	Ea	ch R	ecei	pt this	s Pe	Period				
	FEC ID number of contributing federal political committee.	С			15.00												
	Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing		Pav	M roll D	emo Dedu										
	Poppint For:	Aggregate	Year-to-Date ▼		-												
	Primary General Other (specify) ▼		360.00														
В.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C		Da	ate of	f Re	ecei	pt									
	Mailing Address 5300 Snider Loop				12 16 / Y Y Y Y 12 16 2016												
	City	State	Zip Code		Transaction ID : SA11AI.25869												
	New Albany	OH 43054					Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.						15.00										
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occ AVI		Memo Item Payroll Deduction													
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00)													
С.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C	Organization Name		Da	ate of	f Re	ecei	pt								
	Mailing Address 5300 Snider Loop				Γ	12	/		30	/	Y	۲ 202	16 [°]	Y			
	City	State	Zip Code					-		-	1AI.2						
	New Albany	ОН	43054		Ar	noun	t of	Ea	ch R	ecei	pt this	s Pe	eriod				
	FEC ID number of contributing federal political committee.	С			Ē	_		9			y		15.	00			
	Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) Marketing		Payroll Deduction												
	Receipt For: A Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 390.00														
	UBTOTAL of Receipts This Page (optional)				Γ	-	-	y	-	-	9		45.0	00			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

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	E OF COMMITTEE (In Full) TORISTS MUTUAL INSURAN		MPANY CIVIC FUND										
	lame of Individual (Last, First, Middle Initial ke, Sheila, A., ,) or Full Or	rganization Name	D	Date of Receipt								
Mailir	g Address 638 Grove Circle				^M 12	/	D D 02	/ Y	y y 2016]		
City Gaha	anna	State OH	Zip Code 43230					SA11AI. eceipt th		bd			
	ID number of contributing al political committee.	С						-	1	5.00			
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B. Bra	lame of Individual (Last, First, Middle Initial ke, Sheila, A., , Ig Address 638 Grove Circle) or Full Or	rganization Name	_	ate of	f Re	ceipt	/ Y	- Y - Y	Y			
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Gaha	Inna	ОН	43230				-	eceipt th		bd			
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	e of Employer (for Individual) ists Mutual Insurance Co	Occu AVP	Pa	Memo Item Payroll Deduction									
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	lame of Individual (Last, First, Middle Initial Ike, Sheila, A., ,) or Full Or	rganization Name		ate of	Re	ceipt						
	g Address 638 Grove Circle				^M 12	/	30	/ Y	2016	Y]		
City Gaha	anna	State OH	Zip Code 43230					SA11AI. eceipt th		bd			
	ID number of contributing al political committee.	С		ļ	-		y	9	1	5.00			
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	pt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 390.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Mide Bright, Jon, A., Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4915 Norfolk Place			M M / D D / Y Y Y Y 12 02 2016						
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.25809 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. V	upation (for Individual) V.P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Mide B. Bright, Jon, A., Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4915 Norfolk Place	0	Zie Onde	12 / D D / Y Y Y Y 12 16 2016						
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.25871 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Iowa Mutual Ins. Co.		upation (for Individual) V.P.	Payroll Deduction						
Receipt For: Primary General	Aggregate	Year-to-Date V							
Other (specify) ▼		375.00]						
Full Name of Individual (Last, First, Mide C. Bright, Jon, A., Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4915 Norfolk Place			12 / D D / Y Y Y Y 2016						
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.25933 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. \	upation (for Individual) /.P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (option	al)		45.00						
TOTAL This Period (last page this line nu	nber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 11 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
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Any information copied from such or for commercial purposes, other			erson for the	purpose of s	oliciting	contributi	ons				
NAME OF COMMITTEE (In Fu MOTORISTS MUTUA		MPANY CIVIC FUND)								
Full Name of Individual (Last, F Brock, Thomas, J., ,	irst, Middle Initial) or Full O	rganization Name	Date of	Date of Receipt							
Mailing Address 60 E. Spring S	t. #326										
City Columbus	State OH	Zip Code 43215		action ID : S							
FEC ID number of contributing federal political committee.	C				-	15.0	0				
Name of Employer (for Individu Motorists Mutual Ins Co	al) Occu Asst	upation (for Individual) VP		emo Item Deduction							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 360.00]								
Full Name of Individual (Last, F B. Brock, Thomas, J., , Mailing Address 60 E. Spring St		rganization Name	Date of	Receipt	/ Y	YY	Y				
City Columbus	State	Zip Code 43215		12 16 2016 Transaction ID : SA11AI.25872 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00								
Name of Employer (for Individu Motorists Mutual Ins Co	,	upation (for Individual) t. VP		Payroll Deduction							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00]								
Full Name of Individual (Last, F C. Brock, Thomas, J., ,	irst, Middle Initial) or Full O	rganization Name	Date of	Receipt							
Mailing Address 60 E. Spring S	t. #326		M M 12	/ D D 30		у у 2016	Y				
City Columbus	State OH	Zip Code 43215		action ID : S							
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 12 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE)					
Full Name of Individual (Last, First, Mide Campana, Thomas, D., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6436 Meadow Glen N			12 02 / Y Y Y Y Y 12 02 2016					
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.25811 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, Mide Campana, Thomas, D., ,	tle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6436 Meadow Glen N			12 16 Y Y Y Y Y 12 16					
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.25873 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00]					
Full Name of Individual (Last, First, Mide C. Campana, Thomas, D., ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6436 Meadow Glen N	1		12 / D D / Y Y Y Y 2016					
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.25935 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]					
SUBTOTAL of Receipts This Page (option	al)		45.00					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	1 -7						
			13 14 15 16 berson for the purpose of soliciting contributi to solicit contributions from such committee							
NAME OF COMMITTEE (In Fu	II)	MPANY CIVIC FUND								
Full Name of Individual (Last, F A. Campbell, Grady, , Mr.,	First, Middle Initial) or Full Or	rganization Name	Date of Receipt							
Mailing Address 5760 Whisperi	ng Trail		12 02 2016							
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.25812 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.0	0						
Name of Employer (for Individu Motorists Mutual Ins. Co.	,	ipation (for Individual) /P Marketing Services & PL	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00]							
Full Name of Individual (Last, F B. Campbell, Grady, , Mr., Mailing Address 5760 Whisperi		rganization Name	Date of Receipt	Y						
City	State	Zip Code	12 16 2016 Transaction ID : SA11AI.25874 Amount of Each Receipt this Period							
Galena FEC ID number of contributing federal political committee.	C	43021								
Name of Employer (for Individu Motorists Mutual Ins. Co.	,	upation (for Individual) /P Marketing Services & PL	Arrow Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 625.00]							
Full Name of Individual (Last, F C. Campbell, Grady, , Mr.		rganization Name	Date of Receipt							
Mailing Address 5760 Whisperi	-		12 / 30 / Y Y Y 2016	Y						
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.25936 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.0	0						
Name of Employer (for Individu Motorists Mutual Ins. Co. Receipt For:	Sr. V	pation (for Individual) P Marketing Services & PL	Payroll Deduction							
Primary General Other (specify)		Year-to-Date ▼ 650.00]							
SUBTOTAL of Receipts This Pag	ge (optional)		75.0	0						
TOTAL This Period (last page thi	s line number only)									

SCHEDULE A (FEC Form 3X) - - - - -

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PAGE 14 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	RANCE CO	OMPANY CIVIC FUND)						
Full Name of Individual (Last, First, Middle Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4282 Hunts Drive			12 02 2016						
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.25814 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1						
Full Name of Individual (Last, First, Middle B. Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4282 Hunts Drive	Otata	Zin Oode	12 / D D / Y Y Y Y 16 2016						
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.25875 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4282 Hunts Drive			12 / D D / Y Y Y Y Y 12 30 2016						
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.25937 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For:	Assi	upation (for Individual) stant Vice President Life Adm.	Memo Item Payroll Deduction						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (optional).			45.00						
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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY	CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Initia DePontes, Rose, , Mrs.,	al) or Full O	rganization Na	ame		Date of Receipt						
	Mailing Address 53 Nottingham Road											
	Columbus	State OH	Zip Code 43214			Transaction ID : SA11AI.25815 Amount of Each Receipt this Period						_
	FEC ID number of contributing federal political committee.	C							-7		15.00	
Motorists Mutual Ins. Co.			Occupation (for Individual) Assist. V. P.					Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	360.00								
в.	Full Name of Individual (Last, First, Middle Initia DePontes, Rose, , Mrs.,	al) or Full O		Date of	Re	ceipt						
	Mailing Address 53 Nottingham Road					12 / D D / Y Y Y Y 12 16 2016						
	City Columbus	State Zip Code OH 43214						-	SA11AL			
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.				Payroll Deduction						
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼ 375.00									
С.	Full Name of Individual (Last, First, Middle Initia DePontes, Rose, , Mrs.,	al) or Full O	rganization Na	ame		Date of	Re	ceipt				
	Mailing Address 53 Nottingham Road					^M ^M 12	/	D D 30	/ Y	2016		1
	City Columbus	State OH	Zip Code 43214						SA11AI. eceipt th			-
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	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Inst. V. P.	dividual)	F	M Payroll D		ltem uction				
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SCHEDULE A (FEC Form 3X)

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171	EMIZED RECEIPTS		Use separate schedule(s)	(0	check only	/ one)						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUN	D								
A.	Full Name of Individual (Last, First, Middle Initia Eppley, Jason, M, Mr.,) or Full Or	rganization Name		Date of	Receip	pt					
	Mailing Address 7918 Brianna Drive				M M / D D / Y Y Y Y Y 12 02 2016							
	City Blacklick	State OH	Zip Code 43004					A11AI.2 eipt thi	2 5816 s Period			
	FEC ID number of contributing federal political committee.	С						-	15.0	00		
Name of Employer (for Individual) Motorists Mutual Insurance Co			upation (for Individual) P, Commercial Production & Sei	Me Payroll D	emo Ite eductio							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Eppley, Jason, M, Mr.,					Receip	pt					
	Mailing Address 7918 Brianna Drive				12 ^M	/ D	16	/ Y	y y 2016	Y		
	City Blacklick	StateZip CodeOH43004				Transaction ID : SA11AI.25877 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			15.00					00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service			Me Payroll D	emo Ite eductio						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00										
С.	Full Name of Individual (Last, First, Middle Initia Eppley, Jason, M, Mr.,) or Full Or	rganization Name		Date of	Receip	pt					
	Mailing Address 7918 Brianna Drive				12 -	L	30		у у 2016	Ŷ		
	City Blacklick	State OH	Zip Code 43004					A11AI.2 eipt thi	s Period			
	FEC ID number of contributing federal political committee.	С				,		9	15.0	00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:		upation (for Individual) , Commercial Production & Ser	rvices	Me Payroll D	emo Ite Peductio						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00									
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 17 OF

			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, ,	al) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 537 Courtright Court			12 02 2016							
	City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25817 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co.				15.00							
			upation (for Individual) : Vice President Commercial Line	Memo Item s Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
B.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, , Mailing Address 537 Courtright Court	al) or Full Or	rganization Name	Date of Receipt							
	City	State	Zip Code	12 16 2016 Transaction ID : SA11AI.25878							
	Pickerington FEC ID number of contributing federal political committee.	С	43147	Amount of Each Receipt this Period							
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) t Vice President Commercial Line	Payroll Deduction							
	Receipt For:	Aggregate	Year-to-Date ▼ 375.00								
C.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, ,	al) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 537 Courtright Court			12 / D D / Y Y Y Y Y 12 30 2016							
	City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25940 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Asst	upation (for Individual) Vice President Commercial Line	Payroll Deduction							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00								
s	UBTOTAL of Receipts This Page (optional)			45.00							
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SCHEDULE A (FEC Form 3X)

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			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	contribut	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Initia Feldner, Cynthia, , ,	al) or Full Or		Date of Receipt							
	Mailing Address 4555 Windrow Dr.				12 02 2016 Transaction ID : SA11AI.25818 Amount of Each Receipt this Period						
	City Grove City	State OH	Zip Code 43123								
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		15.0	00	
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:			upation (for Individual) P Accounting		Me Payroll D		Item				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
в.	Full Name of Individual (Last, First, Middle Initia Feldner, Cynthia, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 4555 Windrow Dr.	State Zin Code			12 / D D / Y FY FY 12 16 2016						
	City Grove City	State OH	Zip Code 43123				-	SA11AL	25879 is Period		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) AVP Accounting			Memo Item Payroll Deduction						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.										
	Receipt For: Primary General Other (specify) ▼	Aggregate									
с.	Full Name of Individual (Last, First, Middle Initia Feldner, Cynthia, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 4555 Windrow Dr.				^M 12	/	D D D 30	/ Y	2016	Y	
	City Grove City	State OH	Zip Code 43123					SA11AI.	25941 is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	- y	15.0	00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Accounting		Me Payroll D		ttem ttion				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00								
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
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			person for the purpose of soliciting contributions tee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUN	D					
Full Name of Individual (Last, First, Middl A. Fullenkamp, Joseph, P, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3123 Summit Street			M M / D D / Y Y Y Y 12 02 2016					
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.25820 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occi Assi	upation (for Individual) : VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00						
Full Name of Individual (Last, First, Middl Fullenkamp, Joseph, P, , Mailing Address 3123 Summit Street	e Initial) or Full O	rganization Name	Date of Receipt					
City	State	Zip Code	12 16 2016 Transaction ID : SA11AI.25881					
Columbus FEC ID number of contributing federal political committee.	ОН	43202	Amount of Each Receipt this Period					
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00						
Full Name of Individual (Last, First, Middl C. Fullenkamp, Joseph, P, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3123 Summit Street			12 / D D / Y Y Y Y 2016					
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.25943 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	Asst		Memo Item Payroll Deduction					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle George, Ying, , Ms,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1389 Glenn Ave			M M / D D / Y Y Y Y 12 02 2016						
City Columbus	State OH	Zip Code 43212	Transaction ID : SA11AI.25821 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Tax Services	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Middle B. George, Ying, , Ms, Mailing Address 1389 Glenn Ave	Initial) or Full C	organization Name	Date of Receipt						
City Columbus	State	Zip Code 43212	12 16 2016 Transaction ID : SA11AI.25882 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Tax Services	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00]						
Full Name of Individual (Last, First, Middle George, Ying, , Ms,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1389 Glenn Ave			12 30 2016						
City Columbus	State OH	Zip Code 43212	Transaction ID : SA11AI.25944 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) P, Tax Services	Payroll Deduction						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (optional)			45.00						
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the	purpose of s	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUND								
Full Name of Individual (Last, First, Middle A. Gesen, Rolf, H., ,	Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 63 Penacook Rd.			M M 12	M M / D D / Y Y Y Y Y						
City Contoocook	State NH	Zip Code 03229		action ID : S						
FEC ID number of contributing federal political committee.	C			- 1		25.0	0			
Name of Employer (for Individual) Phenix Mutual		upation (for Individual) sident		emo Item Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1							
B. Full Name of Individual (Last, First, Middle Gesen, Rolf, H., , Mailing Address 63 Penacook Rd.	Initial) or Full O	rganization Name	Date of	Receipt		YYY	V			
City	State	State Zip Code			12 16 2016 Transaction ID : SA11AL25883					
Contoocook	NH	03229		action ID : S t of Each Re						
FEC ID number of contributing federal political committee.	С			25.00						
Name of Employer (for Individual) Phenix Mutual		upation (for Individual) sident		Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]							
Full Name of Individual (Last, First, Middle C. Gesen, Rolf, H., ,	Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 63 Penacook Rd.			M M 12	/ D D 30	/ Y	y y 2016	Y			
City Contoocook	State NH	Zip Code 03229		action ID : S						
FEC ID number of contributing federal political committee.	С			- <u>-</u>	y	25.0	0			
Name of Employer (for Individual) Phenix Mutual		upation (for Individual) sident		emo Item Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00]							
SUBTOTAL of Receipts This Page (optional)					. ,	75.0	0			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS				for each category of the Detailed Summary Page		× 11a 13	a [_	111 14	- F		11c 15		2	17
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		SN	IPANY CIVIC FUND											
A.	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Gibbons, Jeanne, I., Mrs.,					Date of Receipt									
	Mailing Address 14 Burreed Court							12 02 2016							Ŷ
	City Pataskala	State OH		Zip Code 43062		Transaction ID : SA11AI.25823									
		011	-	43002	_	Amo	unt c	of E	Ead	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С	_			Ē	_	_	7	_	_	-		15.0	0
	Motorists Mutual Ins. Company			tion (for Individual)			Men	no	lte	ŧm					
				V. P. Personal Lines Adm.		Payro	ll Deo	duc	ctic	วท					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
Other (specify) ▼				360.00											
	Full Name of Individual (Last, First, Middle Initial) Gibbons, Jeanne, I., Mrs.,) or Full C	Drga	nization Name		Date	of F	Rec	cei	pt					
	Mailing Address 14 Burreed Court					M 1		/		16		/ Y	201	ү 6	Y
	City	State		Zip Code		Tra	nsac	:tic	on	ID :	SA	11AI.2	25884	Ļ	
	Pataskala	OH		43062	_	Amo	unt c	of E	Ead	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.					С			7	_	_	-1		15.0	0
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P. Personal Lines Adm.					Memo Item Payroll Deduction								
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00											
	Full Name of Individual (Last, First, Middle Initial) Gibbons, Jeanne, I., Mrs.,) or Full C	Drga	nization Name		Date	of F	Rec	ceir	pt					
	Mailing Address 14 Burreed Court					M 1		/		30		/ Y	201		Ŷ
	City	State		Zip Code		Tra	insad	ctic	on	ID :	SA	A11AI.2	25946	6	_
	Pataskala	ОН		43062		Amo	unt c	of E	Ead	ch R	lece	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				Ē	_	_	,	_	_	y		15.0	
	Name of Employer (for Individual)	Occ	tion (for Individual)			Men	no	lte	эm						
			ist. '	V. P. Personal Lines Adm.		Payroll Deduction									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 390.00											
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle A. Graham, Elizabeth, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			M M / D D / Y Y Y Y 12 02 2016						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.25824 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	AVF	upation (for Individual) Personal Lines Underwriting	Payroll Deduction						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Middle B. Graham, Elizabeth, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			12 / D D / Y Y Y Y 12 16 2016						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.25885 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) P Personal Lines Underwriting	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle C. Graham, Elizabeth, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			M M / D D / Y Y Y Y 12 30 2016						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.25947 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Personal Lines Underwriting	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (optional)			45.00						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle Gregoire, Shaun, D., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East			12 02 2016						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.25825 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle B. Gregoire, Shaun, D., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East			12 / D D / Y Y Y Y 16 2016						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.25886 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle C. Gregoire, Shaun, D., ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East			12 / D D / Y Y Y Y 12 30 2016						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.25948 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (optional)		45.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) I

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(che	(check only one)						
11			for each category of the Detailed Summary Page	×	11a 13		1b 4	11c 15	12	Г	17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any p address of any political committe	person e to so	for the	purpo	se of	soliciting	g contril	butio	ns
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNE)							
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Griffin, Archie, , ,	ial) or Full O	Organization Name		Date of	Rece	eipt				
	Mailing Address 6845 Temperance Point Place			^M 12	/	D D 02	/ Y	2016]	
	City Westerville	State OH	Zip Code 43082					SA11AL		od	_
	FEC ID number of contributing federal political committee.	С			<u> </u>				1	0.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occi Dire	P	Me Payroll D	emo I Ieduc						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
в.	Full Name of Individual (Last, First, Middle Initi Griffin, Archie, , , Mailing Address 6845 Temperance Point Place	Organization Name		Date of	Rece	D D	/ Y	YY		1	
	City	State Zip Code OH 43082				actio	16 n ID : \$	6A11AL.	2016 25887	-	
	Westerville FEC ID number of contributing federal political committee.	OH 43082			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ector	P	Mayroll D	emo I educt					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
С.	Full Name of Individual (Last, First, Middle Initi Griffin, Archie, , ,	ial) or Full O	Organization Name		Date of	Rece	eipt				
	Mailing Address 6845 Temperance Point Place		7.0.1		12 ^M	/	30	L	2016]
	City Westerville	State OH	Zip Code 43082					SA11AI.		od	
	FEC ID number of contributing federal political committee.	С			<u> </u>	,		,	1	0.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:		Dire	Occupation (for Individual) Director				ltem tion				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	1							
s	UBTOTAL of Receipts This Page (optional)					,	-	,	3	80.00	-
Т	OTAL This Period (last page this line number of	only)			L					- 10	_

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		г	17		
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any po ddress of any political committee	erson fo to soli	or the	pur ntrik	pose of	soliciting	g contr	ibutic	ons		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND										
Α.	Guanciale, Dino, , ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name nciale, Dino, , , g Address 4819 St. Andrews Circle				Date of Receipt							
						M M / D D / Y Y Y Y 12 02 2016							
	City Westerville	State OH	Zip Code 43082	A				SA11AI.		iod			
	FEC ID number of contributing federal political committee.	С		ļ						15.00)		
	Name of Employer (for Individual)	Occupation (for Individual) Asst. VP					o Item						
	Motorists Mutual Ins Co. Receipt For:		Pa	iyroli L	Jea	uction							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name										
B.	Guanciale, Dino, , , Mailing Address 4819 St. Andrews Circle				ate o ™ ■ M 12		eceipt	/ Y	2016		7		
	City	State	Zip Code	11	-	act		SA11AL					
	Westerville	OH	43082					eceipt th					
	FEC ID number of contributing federal political committee.	С								15.00)		
	Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) t. VP	Pa	M yroll E		ttem uction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
с.	Full Name of Individual (Last, First, Middle Init Guanciale, Dino, , ,	ial) or Full O	rganization Name		ate o	f Re	eceipt						
	Mailing Address 4819 St. Andrews Circle				12 30 2016								
	City Westerville	State OH	Zip Code 43082	A				SA11AI.			_		
	FEC ID number of contributing federal political committee.	С] [_		y	,		15.00)		
	Motorists Mutual Ins Co.		Occupation (for Individual) Asst. VP				o Item uction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00										
	UBTOTAL of Receipts This Page (optional)				-	-	5	· ·		45.00			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
			13 14 15 16 15 berson for the purpose of soliciting contributions from such committee.								
Full Name of Individual (Last, First, Middle A. Haack, Susan E., , Mrs.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7494 Heffley Court			12 02 2016								
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.25828 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) The Motorists Insurance Group Receipt For:	Sr. V	upation (for Individual) /P, Treasurer and CFO	Memo Item Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
Full Name of Individual (Last, First, Middle B. Haack, Susan E., , Mrs., Mailing Address 7494 Heffley Court	e Initial) or Full O	rganization Name	Date of Receipt								
City	State	Zip Code	12 16 2016 Transaction ID : SA11AL25889								
Canal Winchester OH FEC ID number of contributing federal political committee. C		43110	Amount of Each Receipt this Period								
Name of Employer (for Individual) The Motorists Insurance Group		upation (for Individual) VP, Treasurer and CFO	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]								
Full Name of Individual (Last, First, Middle Haack, Susan E., , Mrs.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7494 Heffley Court	0	7.0.4	12 / D D / Y Y Y Y 30 2016								
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.25951 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
The Motorists Insurance Group S		upation (for Individual) /P, Treasurer and CFO	Payroll Deduction								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00]								
SUBTOTAL of Receipts This Page (optional)		75.00								
TOTAL This Period (last page this line num	ber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 □						
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. Hall, Marc S., , ,	Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 5999 Lane Road			12 02 2016						
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.25829 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle Hall, Marc S., , , Mailing Address 5999 Lane Road	Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	12 16 2016						
Centerburg	OH	43011	Transaction ID : SA11AI.25890 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) sist. V. P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle C. Hall, Marc S., , ,	Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 5999 Lane Road			12 30 / Y Y Y Y 2016						
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.25952 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Company			15.00						
		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (optional).			45.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
I EWIZED RECEIP13		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information canied from such Depart	Ototomorto		13 14 15 16 17						
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
ightarrow MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
A. Henderson, Thomas, J., ,			Date of Receipt						
Mailing Address 9725 Wagonwood Drive			M M / D D / Y Y Y Y 12 02 2016						
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25830						
_		43147	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Motorists Mutual Ins. Co.	Ass	ist. V. P., Claims	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		360.00	1						
Other (specify) v			1						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. Henderson, Thomas, J., ,			Date of Receipt						
Mailing Address 9725 Wagonwood Drive			12 / D D / Y Y Y Y 16 / 2016						
City	State OH	Zip Code 43147	Transaction ID : SA11AI.25891						
Pickerington		43147	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00 Memo Item Payroll Deduction						
Name of Employer (for Individual)	Occ	upation (for Individual)							
Motorists Mutual Ins. Co. Receipt For:		ist. V. P., Claims							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 375.00							
Full Name of Individual (Last, First, Middle C. Henderson, Thomas, J., ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9725 Wagonwood Drive									
			12 30 2016						
City	State	Zip Code	Transaction ID : SA11AI.25953						
Pickerington	OH	43147	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Motorists Mutual Ins. Co.		st. V. P., Claims	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify)		390.00	1						
		4	1						
	1		45.00						
SUBTOTAL of Receipts This Page (optional).									
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUND						
Full Name of Individual (Last, First, Middle A. Hennen, Kirk, , ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2860 Wynridge Drive			12 02 2016					
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.25831 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]					
Full Name of Individual (Last, First, Middle B. Hennen, Kirk, , , Mailing Address 2860 Wynridge Drive	Date of Receipt							
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.25892 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
Full Name of Individual (Last, First, Middle C. Hennen, Kirk, , ,	ə Initial) or Full C	Prganization Name	Date of Receipt					
Mailing Address 2860 Wynridge Drive			12 / D D / Y Y Y Y 30 2016					
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.25954 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 2, Sales - West Zone	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00]					
SUBTOTAL of Receipts This Page (optional)		60.00					
TOTAL This Period (last page this line num	ber only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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TC			Use separate schedule(s)	(check only one)								
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	17			
	/ information copied from such Reports and Sta for commercial purposes, other than using the r			erson for t	he pu	rpose of	soliciting	contribu	tions			
\	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND									
	Full Name of Individual (Last, First, Middle Initia Hertzfeld, Jennifer, , ,	l) or Full O	organization Name	Date	e of R	eceipt						
	Mailing Address 2236 Omaha Place				12 02 2016							
	City Lewis Center	State OH	Zip Code 43035				SA11AI. Receipt th		_			
							1 10	15.	00			
			upation (for Individual) P, Workers Compensation Claims	Payro		io Item duction						
l	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00									
B. .	Full Name of Individual (Last, First, Middle Initia Hertzfeld, Jennifer, , ,	l) or Full O	rganization Name	Date	e of R	leceipt						
Mailing Address 2236 Omaha Place			State Zip Code			12 16 2016 Transaction ID : SA11AI.25893						
	Lewis Center	OH	43035				SA11AL: Receipt th					
	FEC ID number of contributing		C			15.00						
	Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Workers Compensation Claims			Payroll Deduction							
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00									
	Full Name of Individual (Last, First, Middle Initia Hertzfeld, Jennifer, , ,	l) or Full O	organization Name	Date	e of R	eceipt						
-	Mailing Address 2236 Omaha Place				2 ^M	/ D 30		ү ү 2016	Y			
-	City Lewis Center	State OH	Zip Code 43035				Receipt th					
	FEC ID number of contributing federal political committee.	С				y	,	15.	00			
Name of Employer (for Individual) Motorists Mutual Insurance Co			upation (for Individual) 9, Workers Compensation Claims	Payro		no Item duction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00									
รเ	JBTOTAL of Receipts This Page (optional)		••••••			, .	. ,	45.	00			
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 32 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUN	כ						
Full Name of Individual (Last, First, Middle A. Jeffers, Dan, E., Mr.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6401 Rossmore Lane			12 02 2016						
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.25833 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle B. Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane	e Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	12 16 2016 Transaction ID : SA11AL25894						
Canal Winchester	OH	43110	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Company		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle C. Jeffers, Dan, E., Mr.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6401 Rossmore Lane			12 / D D / Y Y Y Y 30 / 2016						
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.25956 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Company		upation (for Individual) st. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (optiona	I)		45.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 33 OF 63 (check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the		person for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUNE)					
Α.	Full Name of Individual (Last, First, Middle Initia Jones, Jessica, , Ms, Mailing Address 120 E. Dominion Blvd	al) or Full Organization Name	Date of Receipt					
	City	State Zip Code	12 02 2016 Transaction ID : SA11AI.25834					
	Columbus	OH 43214	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	15.00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00]					
в.	Full Name of Individual (Last, First, Middle Initia Jones, Jessica, , Ms,	al) or Full Organization Name	Date of Receipt					
	Mailing Address 120 E. Dominion Blvd		12 16 / Y Y Y Y 2016					
	City Columbus	StateZip CodeOH43214	Transaction ID : SA11AI.25895 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	15.00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00]					
c.	Full Name of Individual (Last, First, Middle Initia Jones, Jessica, , Ms,	al) or Full Organization Name	Date of Receipt					
	Mailing Address 120 E. Dominion Blvd		12 / D D / Y Y Y Y 12 30 2016					
	City Columbus	StateZip CodeOH43214	Transaction ID : SA11AI.25957 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	15.00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines	Payroll Deduction					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00]					
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
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			not be sold or used by any p dress of any political committee		or the p	ourpos	se of sc	liciting	contribu	tions				
NAME OF COMMITTER MOTORISTS M	. ,	CE CO	MPANY CIVIC FUND	I										
Full Name of Individual A. Kaufman, David L.,	(Last, First, Middle Initial)	or Full Org	ganization Name		Date of	Recei	ipt							
Mailing Address 7925 (Greenside Lane					12 02 2016								
City Worthington		State OH	Zip Code 43235	A			ID:SA		2 5835 s Period	_				
FEC ID number of cont federal political committ	ů.	С		30.00										
Name of Employer (for Motorists Mutual Ins Co	Individual)	Occupation (for Individual) Executive VP & COO				emo Ite								
Receipt For: Primary Other (specify) ▼	General	lggregate Y	iear-to-Date ▼ 720.00											
Full Name of Individual B. Kaufman, David L Mailing Address 7925 C	•, , ,	le Initial) or Full Organization Name			Date of	_	ipt	/ Y	YY	Y				
City Worthington		State OH	Zip Code 43235		12 16 2016 Transaction ID : SA11AI.25896 Amount of Each Receipt this Period									
FEC ID number of cont federal political committ			Amount	oi Ea	ICH Rec		30.	00						
Name of Employer (for Individual) Motorists Mutual Ins Co		Occupation (for Individual) Executive VP & COO			Payroll Deduction									
Receipt For: Primary Other (specify) ▼	General	ggregate Y	′ear-to-Date ▼ 750.00											
Full Name of Individual c. Kaufman, David	(Last, First, Middle Initial)	or Full Org	ganization Name		Date of	Recei	ipt							
	lailing Address 7925 Greenside Lane					/	30	/ Y	y y 2016	Y				
City Worthington		State OH	Zip Code 43235	A			ID:SA		2 5958 s Period					
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Motorists Mutual Ins Co	Poppint For:			Pa	Me ayroll D	emo Ite educti								
Receipt For: Aggregate Primary General Other (specify) Image: Constraint of the specific spec			′ear-to-Date ▼ 780.00											
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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND											
Α.	Full Name of Individual (Last, First, Middle Init Kessler, John C., , ,	nitial) or Full Organization Name				Date of Receipt								
	Mailing Address 3910 Caswell Road					12 02 YYYYY 12 02 2016								
	City Johnstown	State OH	Zip Code 43031					SA11AI.		od				
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occu VP a	Pa	Memo Item Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kessler, John C., , , Mailing Address 3910 Caswell Road				ate of	f Re	ceipt	/ Y	YY	/ - Y				
	City	State	Zip Code	-	12 Trans	acti	16 on ID · 9	SA11AL	2016 25897					
	Johnstown	ОН	43031					eceipt th		od				
	FEC ID number of contributing federal political committee.		20.00											
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) VP and CIO			Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼													
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kessler, John C., , ,					f Re	ceipt							
	Mailing Address 3910 Caswell Road	3910 Caswell Road					12 / D D / Y Y Y Y 12 30 2016							
	City Johnstown	State OH	Zip Code 43031					SA11AI. eceipt th		od	_			
	FEC ID number of contributing federal political committee.		ļ			y .	. ,	2	20.00					
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Pa			ttem ttion							
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SCHEDULE A (FEC Form 3X)

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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL IN	ISURANCE CC	MPANY CIVIC FUNI	כ								
Full Name of Individual (Last, First, M A. King, Anne B., , ,	iddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6934 Roundwood Ct.			12 02 2016								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.25837 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) Motorists Mutual Ins. Company	Vice	upation (for Individual) President	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
Full Name of Individual (Last, First, M King, Anne B. , , , Mailing Address 6934 Roundwood Ct.											
City Dublin	State	Zip Code 43016	12 16 2016 Transaction ID : SA11AI.25898 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual)	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00									
Full Name of Individual (Last, First, M C. King, Anne B., , ,	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6934 Roundwood Ct.	1		12 30 / Y Y Y Y 2016								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.25960 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) President	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00									
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PAGE 37 OF

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	A not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
	RANCE CO	OMPANY CIVIC FUND)						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
A. King, Teresa M., , , Mailing Address 1139 Tidewater Court			Date of Receipt						
			12 02 2016						
City	State OH	Zip Code	Transaction ID : SA11AI.25838						
Westerville	ОП	43082	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Motorists Mutual Ins. Co.	Assi	ist. V. P.	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		360.00]						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. King, Teresa M., , ,			Date of Receipt						
Mailing Address 1139 Tidewater Court			12 16 2016						
City	State	Zip Code	Transaction ID : SA11AI.25899						
Westerville	OH	43082	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		375.00	1						
Full Name of Individual (Last, First, Middle C. King, Teresa M., , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			12 30 2016						
City	State	Zip Code	Transaction ID : SA11AI.25961						
Westerville	OH	43082	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Motorists Mutual Ins. Co.	Assi	st. V. P.	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		390.00]						
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle Ir A. Lappin, Michael, S, Mr.,	iitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 728 South 29th Street				D / Y)2	ү 2016	Y	
City Manitowoc	State WI	Zip Code 45220	Transaction IE Amount of Each				
FEC ID number of contributing federal political committee.	C				20.0	0	
Name of Employer (for Individual) Wilson Mutual Ins. Co.		upation (for Individual) . Agency Operations	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00					
Full Name of Individual (Last, First, Middle In B. Lappin, Michael, S, Mr.,	iitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 728 South 29th Street				D / Y	2016	Y	
City Manitowoc	State WI	Zip Code 45220	Transaction ID Amount of Each				
FEC ID number of contributing federal political committee.	C				20.0	0	
Name of Employer (for Individual) Wilson Mutual Ins. Co.		upation (for Individual) . Agency Operations	Memo Item Payroll Deduction	1			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle In C. Lappin, Michael, S, Mr.,	iitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 728 South 29th Street				D / Y 30	ү 2016	Y	
City Manitowoc	State WI	Zip Code 45220	Transaction II Amount of Each			_	
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Name of Employer (for Individual) Wilson Mutual Ins. Co.		upation (for Individual) Agency Operations	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00					
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SCHEDULE A (FEC Form 3X)

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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CC	MPANY CIVIC FUNI	D					
Full Name of Individual (Last, First, Mid Lawrence, Todd, , Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 116 Clarke Lane			M M / D D / Y Y Y Y 12 02 2016					
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.25841 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00						
Full Name of Individual (Last, First, Mid B. Lawrence, Todd, , Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 116 Clarke Lane			12 / D D / Y Y Y Y 12 16 2016					
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.25902 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occi Sr.	upation (for Individual) V.P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00						
Full Name of Individual (Last, First, Mid C. Lawrence, Todd, , Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 116 Clarke Lane			12 / D D / Y Y Y Y 2016					
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.25964 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Memo Item Payroll Deduction					
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)	URANCE CO	MPANY CIVIC FUN	D
Full Name of Individual (Last, First, Midd A. Lisi, Michael, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 12 02 2016
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.25842 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name of Individual (Last, First, Midd Lisi, Michael, , , Mailing Address 6740 Callaway Court	le Initial) or Full O	rganization Name	Date of Receipt
City Westerville	State	Zip Code 43082	12 16 2016 Transaction ID : SA11AI.25904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name of Individual (Last, First, Midd C. Lisi, Michael, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6740 Callaway Court			12 / D D / Y Y Y Y Y 2016
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.25965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	
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	ull Name of Individual (Last, First, Middle Initi Long, Todd A., , ,	al) or Full O	Organization Name		Date of	f Re	eceipt				
Ν	Mailing Address 1002 Loch Ness Avenue) / Y	۲ 202	16	Y
	Dity Worthington	State OH	Zip Code 43285	A				SA11AI. Receipt th			
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Full Name of Individual (Last, First, Middle Initial) or Fu B. Long, Todd A., , , Mailing Address 1002 Loch Ness Avenue			Organization Name		Date of	f Re	eceipt	/ Y	Ý 201	ү 6	Y
	City Northington	State OH	Zip Code 43285					SA11AL			
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			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)
Full Name of Individual (Last, First, Middle Manteufel, Steven, E., Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address #1 2441 121 Cir NE			12 / D D / Y Y Y Y Y 12 02 2016
City Blaine	State MN	Zip Code 55449	Transaction ID : SA11AI.25844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) American Hardware Mutual Ins	Occ V.P	upation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
Full Name of Individual (Last, First, Middle Manteufel, Steven, E., Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address #1 2441 121 Cir NE			12 16 / Y Y Y Y Y 12 16 2016
City Blaine	State MN	Zip Code 55449	Transaction ID : SA11AI.25906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) American Hardware Mutual Ins	Occ V.P	upation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]
Full Name of Individual (Last, First, Middle C. Manteufel, Steven, E., Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address #1 2441 121 Cir NE			12 / D D / Y Y Y Y 12 30 2016
City Blaine	State MN	Zip Code 55449	Transaction ID : SA11AI.25967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) American Hardware Mutual Ins	Occ V.P.	upation (for Individual)	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUNE)							
Α.	Full Name of Individual (Last, First, Middle Initia McCracken, Robert, L., Mr.,	l) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2135 Hunters Ridge Court				12 02 2016						
	City	State	Zip Code		Transaction ID : SA11AI.25845						
	Manitowoc	WI	54220		Amoun	t of	Each R	Receipt th	is Perio	bd	_
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	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occu Dire	upation (for Individual) ector	P	M Payroll D		ttem uction				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1080.00]							
в.	Full Name of Individual (Last, First, Middle Initia McCracken, Robert, L., Mr.,	l) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2135 Hunters Ridge Court		M M / D D / Y Y Y Y 12 16 2016								
	City	State WI	Zip Code		Transaction ID : SA11AI.25907						-
	Manitowoc		54220		Amoun	t of	Each R	leceipt th	is Peric	bd	_
	FEC ID number of contributing federal political committee.	C				_	-		4	5.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occi Dire	P	Memo Item Payroll Deduction							
	Receipt For:	Aggregate									
	Other (specify) ▼		1125.00								
c.	Full Name of Individual (Last, First, Middle Initia McCracken, Robert, L., Mr.,	l) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2135 Hunters Ridge Court				^M 12		30	L L	2016	Y	
	City Manitowoc	State WI	Zip Code 54220					SA11AI.			
	FEC ID number of contributing		34220		Amoun	t of	Each R	leceipt th	is Peric	bd	-
	federal political committee.	C			45.00						_
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occu Direc	upation (for Individual)	F	Memo Item Payroll Deduction						
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND							
	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 2717 Gatewood Rd.				м м 12	/	02	/ Y	y y 2016	Y
-	City Columbus	State OH	Zip Code 43219	_				SA11AI.	25846 is Period	
	FEC ID number of contributing federal political committee.	С					7		25.0	00
	Name of Employer (for Individual) Motorists Mutual Insurance Co		pation (for Individual) f Legal Officer	F	Me Payroll D		Item ction			
	Receipt For: Primary General Other (specify) $ earrow$	Aggregate	Year-to-Date ▼ 600.00							
	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
Mailing Address 2717 Gatewood Rd.					12 ^M	/	D D D 16	/ Y	2016	Y
	City Columbus	State OH	Zip Code 43219				-	SA11AI.2 leceipt th	2 5908 is Period	
	FEC ID number of contributing federal political committee.	С	25.00							
	Name of Employer (for Individual) Motorists Mutual Insurance Co	Occu Chie	F	Me Payroll De		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 625.00							
	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 2717 Gatewood Rd.				12 ^M	/	D D D 30	/ Y	2016	Y
-	City Columbus	State OH	Zip Code 43219					SA11AI.	25969 is Period	
FEC ID number of contributing federal political committee.		С			<u> </u>		, .	. ,	25.0	00
			pation (for Individual) f Legal Officer	F	Me Payroll D		Item Iction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00							
รเ	JBTOTAL of Receipts This Page (optional)		•••••				,	,	75.(00
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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		Use separate schedule(s)	(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 a or for commercial purposes, other than usin	and Statements mag the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.				
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND)				
Full Name of Individual (Last, First, Midd A. Nixon, Mark J., , ,	le Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 662 East Fifth Avenue			12 02 / Y Y Y Y 12 02 2016				
City Lancaster	State OH	Zip Code 43130	Transaction ID : SA11AI.25847 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Company		upation (for Individual) nager	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Midd B. <u>Nixon, Mark J., , ,</u> Mailing Address 662 East Fifth Avenue	le Initial) or Full C	rganization Name	Date of Receipt				
City Lancaster	State OH	Zip Code 43130	Transaction ID : SA11AI.25909 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Company		upation (for Individual) nager	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]				
Full Name of Individual (Last, First, Midd C. Nixon, Mark J., , ,	le Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 662 East Fifth Avenue	1 -		12 / D D / Y Y Y Y 12 30 2016				
City Lancaster	State OH	Zip Code 43130	Transaction ID : SA11AI.25970 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Company		upation (for Individual) ager	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
SUBTOTAL of Receipts This Page (optional	al)		45.00				
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SCHEDULE A (FEC Form 3X)

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111			for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the			person fo	r the p	urpose o	of soliciting	g contribu	tions			
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUNE)								
A.	Full Name of Individual (Last, First, Middle Initia Ogg, Thomas C., , ,	al) or Full Or	rganization Name	Da	ate of	Receipt						
	Mailing Address 4612 Club Dr., Unit 201				12 02 2016							
	City Port Charlotte	State FL	Zip Code 33953		Transaction ID : SA11AI.25848 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					 	50.	00			
	Name of Employer (for Individual) Retired from MIG	Occu Direc	Pay		mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]								
в.	Full Name of Individual (Last, First, Middle Initia Ogg, Thomas C., , , Mailing Address 4612 Club Dr., Unit 201	al) or Full Or	rganization Name		ate of	Receipt	D / Y	YY	Y			
	City	State Zip Code FL 33953			12 16 2016 Transaction ID : SA11AI.25910 Amount of Each Receipt this Period							
	Port Charlotte FEC ID number of contributing federal political committee.	С	Ar	Amount of Each Receipt this Period								
	Name of Employer (for Individual) Retired from MIG	Occu Dire	Pay		mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]								
С.	Full Name of Individual (Last, First, Middle Initia Ogg, Thomas C., , ,	al) or Full Or	rganization Name	Da	ate of	Receipt						
	Mailing Address 4612 Club Dr., Unit 201				^M 12	/ D 30		ү ү 2016	Y			
	City Port Charlotte	State FL	Zip Code 33953				: SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	С		ļ	_	y	9	50.	00			
	Name of Employer (for Individual) Retired from MIG	Occu Direc	upation (for Individual) ctor	Pa		mo Item eduction						
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1300.00]								
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11				
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE CO	OMPANY CIVIC FUNE)				
Full Name of Individual (Last, First, Middle A. Peacock, Mark, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4460 Swenson Street			12 02 2016				
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.25849 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	Ass	upation (for Individual) ist. V. P.	Memo Item Payroll Deduction				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Middle B. Peacock, Mark, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4460 Swenson Street	State	Zip Code	12 16 2016				
Hilliard	OH	43026	Transaction ID : SA11AI.25911 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]				
Full Name of Individual (Last, First, Middle C. Peacock, Mark, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4460 Swenson Street			12 / D D / Y Y Y Y 12 30 2016				
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.25972 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
SUBTOTAL of Receipts This Page (optional).			45.00				
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU							
Full Name of Individual (Last, First, Middle A. Powers, Carl, Richard, Mr.,	Initial) or Full O	organization Name	Date of Receipt				
Mailing Address 5241 Lincoln Dr #119			12 02 2016				
City Edina	State MN	Zip Code 55436	Transaction ID : SA11AI.25851 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) American Hardware Mutual Ins.		upation (for Individual) 9. Underwriting	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Middle B. Powers, Carl, Richard, Mr., Mailing Address 5241 Lincoln Dr #119	Initial) or Full O	rganization Name	Date of Receipt				
City Edina	State MN	Zip Code 55436	12 16 2016 Transaction ID : SA11AI.25913 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) American Hardware Mutual Ins.		upation (for Individual) P. Underwriting	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]				
Full Name of Individual (Last, First, Middle Powers, Carl, Richard, Mr.,	Initial) or Full O	organization Name	Date of Receipt				
Mailing Address 5241 Lincoln Dr #119			12 / D D / Y Y Y Y 2016				
City Edina	State MN	Zip Code 55436	Transaction ID : SA11AI.25974 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) American Hardware Mutual Ins. Receipt For:	V. P	upation (for Individual) 2. Underwriting	Payroll Deduction				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
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SCHEDULE A (FEC Form 3X)

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			Use separate schedule(s)		(check only one)					
11 - 11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17
	nformation copied from such Reports and Stat commercial purposes, other than using the n				for the		pose of	soliciting	contribut	tions
	ME OF COMMITTEE (In Full) IOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND							
A P	ll Name of Individual (Last, First, Middle Initia uchala, Damian, , ,) or Full Or	rganization Name		Date of	Re	ceipt			
Ma	ailing Address 325 Olenview Circle				12 ^M	/	02) / Y	y y 2016	Y
	City St Powell O		Zip Code 43065					SA11AL	25852 is Period	
FEC ID number of contributing federal political committee.		С			<u> </u>				15.0	00
Мо	me of Employer (for Individual) ptorists Mutual Ins. Company		ipation (for Individual) st. V. P.	F	Me Payroll D		ttem ttion			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
	II Name of Individual (Last, First, Middle Initia uchala, Damian, , ,) or Full Or	rganization Name		Date of	Re	ceipt			
Ma	Mailing Address 325 Olenview Circle				^M ^M 12	/	16	/ Y	2016	Y
Cit Po	y owell	State OH	Zip Code 43065	-				SA11AL	2 5914 is Period	
	C ID number of contributing deral political committee.	Occupation (for Individual) Assist. V. P.			15.00					00
	ame of Employer (for Individual) otorists Mutual Ins. Company				Payroll Deduction					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 375.00							
	II Name of Individual (Last, First, Middle Initia Puchala, Damian, , ,) or Full Or	rganization Name		Date of	Re	ceipt			
Ma	ailing Address 325 Olenview Circle				^M 12	1	30		2016 Y	Y
Cit P	y owell	State OH	Zip Code 43065					SA11AL	25975 is Period	
FEC ID number of contributing federal political committee.		С			<u> </u>		,	. ,	15.0	00
Mo	me of Employer (for Individual) otorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.			Me Payroll D		ttem tion			
He	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
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SCHEDULE A (FEC Form 3X) - DEAEIDTA

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PAGE 50 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVIIZED REGEIPIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	NSURANCE CO	MPANY CIVIC FUND)				
Full Name of Individual (Last, First, Puls, Georgia, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 825 West Price Stre	eet		12 02 2016				
City Eldridge	State IA	Zip Code 52748	Transaction ID : SA11AI.25853 Amount of Each Receipt this Period				
			15.00				
		upation (for Individual) 2. Commercial Lines	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Puls, Georgia, , ,		rganization Name	Date of Receipt				
Mailing Address 825 West Price Stre		7.0.0.1	12 / D D / Y Y Y Y 12 16 2016				
City Eldridge	State IA	Zip Code 52748	Transaction ID : SA11AI.25915 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Iowa Mutual Ins. Co.		upation (for Individual) P. Commercial Lines	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1				
Full Name of Individual (Last, First,	Middle Initial) or Full O	rganization Name					
C. Puls, Georgia, , , Mailing Address 825 West Price Stre	pet		Date of Receipt				
City Eldridge	State IA	Zip Code 52748	Transaction ID : SA11AI.25976 Amount of Each Receipt this Period				
Iowa Mutual Ins. Co.			15.00				
		upation (for Individual) . Commercial Lines	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
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SCHEDULE A (FEC Form 3X)

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	MIZED RECEIPTS		Use separate schedule(s)	(check only one)			
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
	AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNI	D			
	ull Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	l) or Full O	Organization Name	Date of Receipt			
_	lailing Address 1026 Loch Ness Avenue	1-		12 02 / Y Y Y Y 2016			
	ity Vorthington	State OH	Zip Code 43085	Transaction ID : SA11AI.25854 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.				25.00			
	ame of Employer (for Individual) lotorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Deduction			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
в. <u>-</u>	ull Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , , lailing Address 1026 Loch Ness Avenue	l) or Full O	rganization Name	Date of Receipt			
	ity Vorthington	State OH	Zip Code 43085	Transaction ID : SA11AI.25916 Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		25.00			
N M	lame of Employer (for Individual) otorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Payroll Deduction			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]			
	ull Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	l) or Full O	Organization Name	Date of Receipt			
	lailing Address 1026 Loch Ness Avenue			12 / D D / Y Y Y Y Y 2016			
	ity Vorthington	State OH	Zip Code 43085	Transaction ID : SA11AI.25977 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			25.00			
Motorists Mutual Ins. Company			upation (for Individual) Planning Prod & Svs	Payroll Deduction			
R [eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00				
SU	BTOTAL of Receipts This Page (optional)			75.00			
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1				
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE)				
Full Name of Individual (Last, First, Middle A. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 734 Prairie Run Dr.			12 02 2016				
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.25855 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
Full Name of Individual (Last, First, Middle Slattery, Austin, , , Mailing Address 734 Prairie Run Dr.	Initial) or Full O	rganization Name	Date of Receipt				
City	State	Zip Code	12 16 2016 Transaction ID : SA11AI.25917				
Sunbury	ОН	43074	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
Full Name of Individual (Last, First, Middle C. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 734 Prairie Run Dr.			12 / D D / Y Y Y Y 2016				
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.25978 Amount of Each Receipt this Period				
Motorists Mutual Ins Co. As			15.00				
		upation (for Individual) stant VP	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
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SCHEDULE A (FEC Form 3X)

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PAGE 53 OF

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Any information copied from such Reports and or for commercial purposes, other than using th			erson for the	purpose of	soliciting	contribut	ions	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND						
Full Name of Individual (Last, First, Middle I Smith, Robert, C., Mr.,	nitial) or Full O	organization Name	Date o	f Receipt				
Mailing Address 29270 Hampshire Place			M M 12	/ D D 02	/ Y	2016	Y	
City Stat Westlake OH		Zip Code 44145		saction ID : t of Each R				
FEC ID number of contributing federal political committee.	С			-		55.0	0	
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ector		emo Item Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1320.00	1					
Full Name of Individual (Last, First, Middle I B. Smith, Robert, C., Mr.,	nitial) or Full O	organization Name	Date of	f Receipt				
Mailing Address 29270 Hampshire Place			M M 12					
City Westlake	State OH	Zip Code 44145		action ID : S t of Each R	-			
FEC ID number of contributing federal political committee.	С			· · ·		55.0	0	
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ector		emo Item Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1375.00	1					
Full Name of Individual (Last, First, Middle I c. Smith, Robert, C., Mr.,	nitial) or Full O	organization Name	Date o	f Receipt				
Mailing Address 29270 Hampshire Place	1		M M 12	/ D D 30	/ Y	ү ү 2016	Y	
City Westlake	State OH	Zip Code 44145		saction ID : t of Each Re				
FEC ID number of contributing federal political committee.				. , .	, ,	55.0	00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occi Dire	upation (for Individual) ctor		emo Item Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1430.00	1					
SUBTOTAL of Receipts This Page (optional)						165.0	0	
TOTAL This Period (last page this line numbe	r only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 54 OF

T	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a 11b 11c 12					
	ny information copied from such Reports and St for commercial purposes, other than using the								
<u> </u>	NAME OF COMMITTEE (In Full)								
$\Big\rangle$	MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND						
Α.	Full Name of Individual (Last, First, Middle Initi Smithers, Ralph W., , , Jr.	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6418 Summers Nook Drive			12 02 2016					
	City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.25857					
	· · · ·			Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	Motorists Mutual Ins. Company	VP I	MAX Service	Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify) ▼		360.00]					
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name						
в.	Smithers, Ralph W., , , Jr. Mailing Address 6418 Summers Nook Drive			Date of Receipt					
				12 16 2016 Transaction ID : SA11AI.25919 Amount of Food Parcint this Pariod					
	City	State OH	Zip Code 43054						
			43034	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15.00					
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service	Memo Item Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Other (specify) ▼		375.00]					
с.	Full Name of Individual (Last, First, Middle Initi Smithers, Ralph W., , , Jr.	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6418 Summers Nook Drive			M M / D D / Y Y Y Y 12 30 2016					
	City	State OH	Zip Code	Transaction ID : SA11AI.25980					
	New Albany		43054	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		15.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	Motorists Mutual Ins. Company	VP N	MAX Service	Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify)		390.00						
•	UBTOTAL of Receipts This Page (optional)			45.00					
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle A. Stapleton, Charles D., , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 6900 Kindler Drive			12 02 2016				
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.25858 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]				
Full Name of Individual (Last, First, Middle B. Stapleton, Charles D., , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 6900 Kindler Drive			12 16 2016				
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.25920 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]				
Full Name of Individual (Last, First, Middle C. Stapleton, Charles D., , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 6900 Kindler Drive			12 30 2016				
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.25981 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ě l		25.00				
Motorists Mutual Ins. Co. Sr.		upation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction				
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 650.00]				
SUBTOTAL of Receipts This Page (optional))		75.00				
TOTAL This Period (last page this line numb	per only)						

SCHEDULE A (FEC Form 3X) _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 56 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II EIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Reports a	and Statements ma	ay not be sold or used by any p	13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	g the name and a	duress of any political commute						
	URANCE CO	OMPANY CIVIC FUNE)					
Full Name of Individual (Last, First, Midd A. Thompson, Craig, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2060 Maxwell Avenue			M M / D D / Y Y Y Y 12 02 2016					
City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.25859 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Motorists Mutual Ins. Company	Ass	st. V. P.	Payroll Deduction					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		600.00						
Other (specify) v			4					
Full Name of Individual (Last, First, Midd B. Thompson, Craig, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2060 Maxwell Avenue	M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code	12 16 2016					
Lewis Center	ОН	43035	Transaction ID : SA11AI.25921 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00 Memo Item Payroll Deduction					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		625.00]					
Full Name of Individual (Last, First, Midd c. Thompson, Craig, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2060 Maxwell Avenue			M M / D D / Y Y Y Y 12 30 2016					
City	State OH	Zip Code	Transaction ID : SA11AI.25982					
Lewis Center		43035	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
Motorists Mutual Ins. Company Receipt For:		st. V. P.	Payroll Deduction					
Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify)		650.00						
SUBTOTAL of Receipts This Page (optional	al)		75.00					
TOTAL This Period (last page this line nur								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 57 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	MPANY CIVIC FUNE					
Full Name of Individual (Last, First, Mid Thompson, Sharon, B, Mrs.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 5444 Spring Hill Road			12 02 2016				
City Sta Grove City OH		Zip Code 43123	Transaction ID : SA11AI.25860 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
		upation (for Individual) stant VP	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Mid Thompson, Sharon, B, Mrs.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 5444 Spring Hill Road	01-14	7	12 16 / Y Y Y Y 12 16 2016				
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.25922 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) istant VP	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]				
Full Name of Individual (Last, First, Mid C. Thompson, Sharon, B, Mrs.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 5444 Spring Hill Road			12 30 / Y Y Y Y 2016				
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.25983 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Motorists Mutual Ins. Co.		upation (for Individual) stant VP	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
SUBTOTAL of Receipts This Page (option	nal)		45.00				
TOTAL This Period (last page this line nu	mber only)						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1					
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUNE)					
Full Name of Individual (Last, First, Middle I A. Weisenberger, Peter A., , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7105 Lakebrook Blvd.			12 02 2016					
City Stat Columbus OH		Zip Code 43235	Transaction ID : SA11AI.25861 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Company		upation (for Individual) President	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00						
Full Name of Individual (Last, First, Middle I Weisenberger, Peter A., , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7105 Lakebrook Blvd.	State	Zip Code	12 16 2016					
Columbus	OH	43235	Transaction ID : SA11AI.25923 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Company		upation (for Individual) e President	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name of Individual (Last, First, Middle I C. Weisenberger, Peter A., , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7105 Lakebrook Blvd.			12 / D D / Y Y Y Y 2016					
City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.25984 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
		upation (for Individual) President	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00						
SUBTOTAL of Receipts This Page (optional)			60.00					
TOTAL This Period (last page this line numbe	er only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUNE)				
Full Name of Individual (Last, First, Mido A. Weishaar, Robert, , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 530 Woodmark Run			12 02 2016				
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.25862 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) & Chief Analytics Officer	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]				
Full Name of Individual (Last, First, Mide Weishaar, Robert, , , Mailing Address 530 Woodmark Run	lle Initial) or Full O	rganization Name	Date of Receipt				
City Gahanna	State	Zip Code 43230	12 16 2016 Transaction ID : SA11AI.25924 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) & Chief Analytics Officer	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]				
Full Name of Individual (Last, First, Mido C. Weishaar, Robert, , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 530 Woodmark Run			12 / D D / Y Y Y Y 2016				
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.25985 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Motorists Mutual Ins. Co.		upation (for Individual) & Chief Analytics Officer	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00]				
SUBTOTAL of Receipts This Page (option	al)		75.00				
TOTAL This Period (last page this line nu	mber only)						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

ITEMIZED RECEIPTS			Use separate scheo		(check only one)								
			for each category o Detailed Summary I		✗ 11a13	11b	11c	12 16	17				
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used address of any political	by any pers committee to	on for the	purpose of	soliciting	contribu	tions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC	FUND									
Α.	Full Name of Individual (Last, First, Middle Initi Welch, Kyle, , ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 5375 Esplanade St.	12 02 2016											
	City Columbus	State OH	Zip Code 43221		Transaction ID : SA11AI.25863 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C					-	10.					
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Marketing Developme	Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	ate Year-to-Date ▼ 240.00										
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Welch, Kyle, , , Mailing Address 5375 Esplanade St.					Receipt		2016	Y				
	City Columbus	State Zip Code OH 43221				12 16 2016 Transaction ID : SA11AI.25925 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Marketing Developme	Payroll D	emo Item eduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	50.00									
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Welch, Kyle, , ,					Receipt							
	Mailing Address 5375 Esplanade St.					/ 30		2016	Y				
	City Columbus	State OH	Zip Code 43221		Transaction ID : SA11AI.								
	FEC ID number of contributing federal political committee.	С			. , .	,	10.	00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) 9, Marketing Developme	nt		emo Item Deduction							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 26										
	UBTOTAL of Receipts This Page (optional)				[.	· · ·	5	30.0	00				
Т	DTAL This Period (last page this line number of	only)											

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		r	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any p ddress of any political committee	erson f e to so	for the	purp ntrib	ose of	soliciting	contr	ributio	ons			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND											
Α.	Wetzel, Edward, , Mr.,	Name of Individual (Last, First, Middle Initial) or Full Organization Name etzel, Edward, , Mr.,					Date of Receipt							
	Mailing Address 4918 Norfolk Drive						D D 02	/ Y	y 201					
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.25864 Amount of Each Receipt this Perio										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer (for Individual) Iowa Mutual Ins. Co.		Occupation (for Individual) V. P. Claims				Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00											
в.	Full Name of Individual (Last, First, Middle Init Wetzel, Edward, , Mr.,	tial) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 4918 Norfolk Drive						12 16 / Y Y Y Y 2016							
	City Bettendorf	State IA	Zip Code 52722		Transaction ID : SA11AI.25926 Amount of Each Receipt this Per									
	FEC ID number of contributing federal political committee.	С	15.00)				
	Name of Employer (for Individual) Iowa Mutual Ins. Co.		upation (for Individual) . Claims	P	M ayroll D		Item ction							
	Receipt For: Primary General Other (specify) ▼	Aggregate												
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wetzel, Edward, , Mr.,					Re	ceipt							
	Mailing Address 4918 Norfolk Drive						12 30 2016							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.2 Amount of Each Receipt this										
	FEC ID number of contributing federal political committee.	С		_:		y	- -		15.00)				
	Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu V. P.	P	M ayroll D		Item Iction								
	Receipt For: Primary General Other (specify)	Aggregate												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			• •		_	, . , .	· ·		45.00				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma the name and a	l ay not be sold or used by any ddress of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	5									
	JRANCE CO	OMPANY CIVIC FUN	D							
Full Name of Individual (Last, First, Middl A. Wharton, Lisa, , Ms,	Date of Receipt									
Mailing Address 616 Birghton St	12 02 Y Y Y Y Y 12 02 2016									
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25865 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
Full Name of Individual (Last, First, Middl B. Wharton, Lisa, , Ms,	e Initial) or Full O	rganization Name	Data of Pacaint							
Mailing Address 616 Birghton St	Date of Receipt									
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25927 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
Full Name of Individual (Last, First, Middl C. Wharton, Lisa, , Ms,	Date of Receipt									
Mailing Address 616 Birghton St	M M / D D / Y Y Y Y 12 30 2016									
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.25988 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00								
SUBTOTAL of Receipts This Page (optiona	l)		45.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)										
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17				
	information copied from such Reports and Star or commercial purposes, other than using the n				for the p		oose of	soliciting	contribut	tions				
	IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND											
A	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Charles A., , ,					Date of Receipt								
N	Mailing Address 14924 S. R. 35, E.						M M / D D / Y Y Y Y 12 02 2016							
	ity Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.25866 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.			C											
Ν	lame of Employer (for Individual) Notorists Mutual Ins. Company Receipt For:	Occu Assis	F	Payroll Deduction										
	Primary General Other (specify) ▼	Aggregate												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Charles A., , ,					Re	ceipt							
N	Mailing Address 14924 S. R. 35, E.						Date of Receipt							
	Sunbury	State OH	Zip Code 43074				-	SA11AL	2 5928 is Period					
	EC ID number of contributing ederal political committee.	С	15.00											
	lame of Employer (for Individual) lotorists Mutual Ins. Company		upation (for Individual) ist. V. P.	 P	Me ayroll De		Item ction							
R	Receipt For: Primary General Other (specify) ▼	Aggregate `												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Charles A., , ,					Re	ceipt							
N	Mailing Address 14924 S. R. 35, E.					/	30	/ Y	2016	Y				
	ity Sunbury	State OH	Zip Code 43074					SA11AI.	25989 is Period					
	EC ID number of contributing ederal political committee.	С			_		9		15.0	00				
Ν	lame of Employer (for Individual) Actorists Mutual Ins. Company		upation (for Individual) st. V. P.	F	Me Payroll D		Item Iction							
н	eceipt For: Primary General Other (specify)	Year-to-Date ▼ 390.00												
SU	BTOTAL of Receipts This Page (optional)						7		45.0	00				
то	TAL This Period (last page this line number on	ly)	····· •				,		3405.	00				