

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

ADDRESS (number and street) **471 E BROAD ST**  
 Check if different than previously reported. (ACC) **COLUMBUS OH 43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00336834** 3. IS THIS REPORT  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)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Haack, Susan E., Mrs.  
Type or Print Name of Treasurer

Signature of Treasurer Haack, Susan E., Mrs. [Electronically Filed] Date  /  /  2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
(d) Total Contributions (add Lines 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
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3456.00	33996.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3456.00	33996.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	33.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	33.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	29250.00
30. 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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	36533.00
32. 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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3456.00	32996.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3456.00	32996.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	33.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	33.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Agan, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5658 Tynecastle Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25805**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction \$40.00

**B. Agan, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5658 Tynecastle Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25867**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction \$40.00

**C. Agan, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5658 Tynecastle Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25929**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25806**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25868**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25930**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bills, Alissa, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25807**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Bills, Alissa, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25869**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Bills, Alissa, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25931**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Brake, Sheila, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 638 Grove Circle  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25808**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Brake, Sheila, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 638 Grove Circle  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25870**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Brake, Sheila, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 638 Grove Circle  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25932**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bright, Jon, A., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25809**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25871**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25933**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

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

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

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

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25810**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25872**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Brock, Thomas, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 E. Spring St. #326  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25934**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

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

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

**A. Campana, Thomas, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25811**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Campana, Thomas, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25873**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Campana, Thomas, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25935**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

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

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25812**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25874**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Campbell, Grady, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25936**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 14 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Craig, Camille, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4282 Hunts Drive  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Ins. Co. Occupation (for Individual) Assistant Vice President Life Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25814**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Craig, Camille, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4282 Hunts Drive  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Ins. Co. Occupation (for Individual) Assistant Vice President Life Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25875**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Craig, Camille, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4282 Hunts Drive  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Life Ins. Co. Occupation (for Individual) Assistant Vice President Life Adm.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25937**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

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

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

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

**A. DePontes, Rose, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25815**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. DePontes, Rose, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25876**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. DePontes, Rose, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25938**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

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

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

**A. Eppley, Jason, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25816**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Eppley, Jason, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25877**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Eppley, Jason, M, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25939**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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



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

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

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

**A. Fee, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 537 Courtright Court  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Asst Vice President Commercial Lines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25817**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Fee, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 537 Courtright Court  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Asst Vice President Commercial Lines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25878**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Fee, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 537 Courtright Court  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Asst Vice President Commercial Lines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25940**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 18 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Feldner, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4555 Windrow Dr.  
 City Grove City    State OH    Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co.    Occupation (for Individual) AVP Accounting  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25818**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Feldner, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4555 Windrow Dr.  
 City Grove City    State OH    Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co.    Occupation (for Individual) AVP Accounting  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25879**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Feldner, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4555 Windrow Dr.  
 City Grove City    State OH    Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co.    Occupation (for Individual) AVP Accounting  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25941**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fullenkamp, Joseph, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3123 Summit Street  
 City Columbus State OH Zip Code 43202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25820**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Fullenkamp, Joseph, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3123 Summit Street  
 City Columbus State OH Zip Code 43202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25881**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25943**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. George, Ying, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Tax Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25821**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. George, Ying, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Tax Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25882**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. George, Ying, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Tax Services
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25944**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gesen, Rolf, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Penacook Rd.  
 City Contoocook State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phenix Mutual Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25822**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Gesen, Rolf, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Penacook Rd.  
 City Contoocook State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phenix Mutual Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25883**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Gesen, Rolf, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Penacook Rd.  
 City Contoocook State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phenix Mutual Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25945**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 14 Burreed Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P. Personal Lines Adm.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25823**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Gibbons, Jeanne, I., Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Burreed Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P. Personal Lines Adm.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25884**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Gibbons, Jeanne, I., Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Burreed Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P. Personal Lines Adm.
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25946**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Graham, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Ellis Place  
 City Columbus State OH Zip Code 43204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25824**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Graham, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Ellis Place  
 City Columbus State OH Zip Code 43204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25885**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Graham, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Ellis Place  
 City Columbus State OH Zip Code 43204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25947**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gregoire, Shaun, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 396 Shelby Avenue, East  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25825**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Gregoire, Shaun, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 396 Shelby Avenue, East  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25886**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25948**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Griffin, Archie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6845 Temperance Point Place  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25826**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Griffin, Archie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6845 Temperance Point Place  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25887**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Griffin, Archie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6845 Temperance Point Place  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25949**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 26 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25827**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25888**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Guanciale, Dino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4819 St. Andrews Circle  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25950**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Haack, Susan E., , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Motorists Insurance Group	Occupation (for Individual) Sr. VP, Treasurer and CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25828**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Motorists Insurance Group	Occupation (for Individual) Sr. VP, Treasurer and CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25889**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) The Motorists Insurance Group	Occupation (for Individual) Sr. VP, Treasurer and CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25951**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hall, Marc S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25829**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Hall, Marc S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25890**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Hall, Marc S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25952**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25830**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25891**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25953**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Hennen, Kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2860 Wynridge Drive  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25831**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Hennen, Kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2860 Wynridge Drive  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25892**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Hennen, Kirk, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2860 Wynridge Drive  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25954**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hertzfeld, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2236 Omaha Place  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Workers Compensation Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25832**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Hertzfeld, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2236 Omaha Place  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Workers Compensation Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25893**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Hertzfeld, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2236 Omaha Place  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Workers Compensation Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25955**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Jeffers, Dan, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25833**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Jeffers, Dan, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25894**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Jeffers, Dan, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25956**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jones, Jessica, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

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

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25834**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Jones, Jessica, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

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

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25895**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Jones, Jessica, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

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

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25957**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kaufman, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25835**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Kaufman, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25896**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**C. Kaufman, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25958**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Kessler, John C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25836**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Kessler, John C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25897**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Kessler, John C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25959**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 36 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 King, Anne B., , ,

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25837**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 Payroll Deduction

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 King, Anne B., , ,

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25898**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 Payroll Deduction

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 King, Anne B., , ,

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25960**

Amount of Each Receipt this Period  
 25.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. King, Teresa M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 Tidewater Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25838**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. King, Teresa M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 Tidewater Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25899**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. King, Teresa M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 Tidewater Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25961**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lappin, Michael, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Mutual Ins. Co. Occupation (for Individual) V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25840**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Lappin, Michael, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Mutual Ins. Co. Occupation (for Individual) V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25901**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Lappin, Michael, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson Mutual Ins. Co. Occupation (for Individual) V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25963**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lawrence, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25841**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction

**B. Lawrence, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25902**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction

**C. Lawrence, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25964**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lisi, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6740 Callaway Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25842**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Lisi, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6740 Callaway Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25904**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Lisi, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6740 Callaway Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25965**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Long, Todd A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 Loch Ness Avenue  
 City Worthington State OH Zip Code 43285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25843**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Long, Todd A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 Loch Ness Avenue  
 City Worthington State OH Zip Code 43285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25905**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Long, Todd A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 Loch Ness Avenue  
 City Worthington State OH Zip Code 43285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25966**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Manteufel, Steven, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer (for Individual) American Hardware Mutual Ins	Occupation (for Individual) V.P.
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25844**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Manteufel, Steven, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer (for Individual) American Hardware Mutual Ins	Occupation (for Individual) V.P.
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25906**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Manteufel, Steven, E., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer (for Individual) American Hardware Mutual Ins	Occupation (for Individual) V.P.
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25967**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. McCracken, Robert, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2135 Hunters Ridge Court  
 City Manitowoc State WI Zip Code 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25845**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

**B. McCracken, Robert, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2135 Hunters Ridge Court  
 City Manitowoc State WI Zip Code 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25907**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

**C. McCracken, Robert, L., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2135 Hunters Ridge Court  
 City Manitowoc State WI Zip Code 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25968**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Moore, Marchelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 Gatewood Rd.  
 City Columbus State OH Zip Code 43219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25846**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Moore, Marchelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 Gatewood Rd.  
 City Columbus State OH Zip Code 43219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25908**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Moore, Marchelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 Gatewood Rd.  
 City Columbus State OH Zip Code 43219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25969**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nixon, Mark J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25847**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Nixon, Mark J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25909**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Nixon, Mark J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 662 East Fifth Avenue  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25970**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ogg, Thomas C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4612 Club Dr., Unit 201  
 City Port Charlotte State FL Zip Code 33953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25848**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**B. Ogg, Thomas C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4612 Club Dr., Unit 201  
 City Port Charlotte State FL Zip Code 33953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25910**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**C. Ogg, Thomas C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4612 Club Dr., Unit 201  
 City Port Charlotte State FL Zip Code 33953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25971**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peacock, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25849**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Peacock, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25911**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Peacock, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25972**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Powers, Carl, Richard, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hardware Mutual Ins. Occupation (for Individual) V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25851**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Powers, Carl, Richard, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hardware Mutual Ins. Occupation (for Individual) V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25913**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Powers, Carl, Richard, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Hardware Mutual Ins. Occupation (for Individual) V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25974**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Puchala, Damian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.25852**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Puchala, Damian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016  
**Transaction ID : SA11AI.25914**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Puchala, Damian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.25975**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

**A. Puls, Georgia, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Commercial Lines
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25853**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Puls, Georgia, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Commercial Lines
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25915**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Puls, Georgia, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Commercial Lines
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25976**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 51 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City: Worthington    State: OH    Zip Code: 43085

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

Name of Employer (for Individual): Motorists Mutual Ins. Company  
 Occupation (for Individual): VP Planning Prod & Svs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 12 / 02 / 2016  
**Transaction ID : SA11AI.25854**

Amount of Each Receipt this Period: 25.00

Memo Item  
 Payroll Deduction

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City: Worthington    State: OH    Zip Code: 43085

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

Name of Employer (for Individual): Motorists Mutual Ins. Company  
 Occupation (for Individual): VP Planning Prod & Svs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 625.00

Date of Receipt: 12 / 16 / 2016  
**Transaction ID : SA11AI.25916**

Amount of Each Receipt this Period: 25.00

Memo Item  
 Payroll Deduction

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City: Worthington    State: OH    Zip Code: 43085

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

Name of Employer (for Individual): Motorists Mutual Ins. Company  
 Occupation (for Individual): VP Planning Prod & Svs

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼: 650.00

Date of Receipt: 12 / 30 / 2016  
**Transaction ID : SA11AI.25977**

Amount of Each Receipt this Period: 25.00

Memo Item  
 Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Slattery, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25855**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Slattery, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25917**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Slattery, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25978**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Smith, Robert, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.25856**

Amount of Each Receipt this Period  
55.00

Memo Item  
Payroll Deduction

**B. Smith, Robert, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

**Transaction ID : SA11AI.25918**

Amount of Each Receipt this Period  
55.00

Memo Item  
Payroll Deduction

**C. Smith, Robert, C., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

**Transaction ID : SA11AI.25979**

Amount of Each Receipt this Period  
55.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Smithers, Ralph W., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016

**Transaction ID : SA11AI.25857**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**B. Smithers, Ralph W., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2016

**Transaction ID : SA11AI.25919**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

**C. Smithers, Ralph W., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016

**Transaction ID : SA11AI.25980**

Amount of Each Receipt this Period  
15.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stapleton, Charles D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25858**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Stapleton, Charles D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25920**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Stapleton, Charles D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25981**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 56 OF 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Thompson, Craig, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center   State OH   Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company   Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25859**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Thompson, Craig, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center   State OH   Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company   Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25921**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Thompson, Craig, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center   State OH   Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company   Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25982**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thompson, Sharon, B, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assistant VP
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25860**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Thompson, Sharon, B, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assistant VP
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25922**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Thompson, Sharon, B, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assistant VP
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25983**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 58 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Weisenberger, Peter A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25861**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Weisenberger, Peter A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25923**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Weisenberger, Peter A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25984**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Weishaar, Robert, , ,</b>			Date of Receipt
Mailing Address 530 Woodmark Run			<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Gahanna	State OH	Zip Code 43230	<b>Transaction ID : SA11AI.25862</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) VP & Chief Analytics Officer	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Weishaar, Robert, , ,</b>			Date of Receipt
Mailing Address 530 Woodmark Run			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City Gahanna	State OH	Zip Code 43230	<b>Transaction ID : SA11AI.25924</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) VP & Chief Analytics Officer	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Weishaar, Robert, , ,</b>			Date of Receipt
Mailing Address 530 Woodmark Run			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Gahanna	State OH	Zip Code 43230	<b>Transaction ID : SA11AI.25985</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) VP & Chief Analytics Officer	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Welch, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5375 Esplanade St.  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25863**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Welch, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5375 Esplanade St.  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25925**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Welch, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5375 Esplanade St.  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25986**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Wetzel, Edward, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4918 Norfolk Drive

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Claims
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

**Transaction ID : SA11AI.25864**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**B. Wetzel, Edward, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4918 Norfolk Drive

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Claims
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

**Transaction ID : SA11AI.25926**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

**C. Wetzel, Edward, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4918 Norfolk Drive

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Claims
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

**Transaction ID : SA11AI.25987**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 62 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Wharton, Lisa, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 616 Birghton St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, IT EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.25865**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Wharton, Lisa, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 616 Birghton St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, IT EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 16 / 2016  
**Transaction ID : SA11AI.25927**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Wharton, Lisa, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 616 Birghton St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, IT EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.25988**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

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

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

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

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

**A. Williams, Charles A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **12 / 02 / 2016**  
**Transaction ID : SA11AI.25866**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Williams, Charles A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 16 / 2016**  
**Transaction ID : SA11AI.25928**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Williams, Charles A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **12 / 30 / 2016**  
**Transaction ID : SA11AI.25989**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	3405.00