

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 OR AMENDED
[X] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[] April 15 Quarterly Report (Q1)
[] July 15 Quarterly Report (Q2)
[X] 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman

Signature of Treasurer Michael L. Wiseman [Electronically Filed] Date 10 / 04 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="14117.04"/>	<input type="text" value="14117.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7602.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10752.20"/>	<input type="text" value="31319.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18354.91"/>	<input type="text" value="45436.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16341.00"/>	<input type="text" value="43423.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2013.91"/>	<input type="text" value="2013.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	10340.70	17194.20
(ii) Unitemized	411.50	14120.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10752.20	31314.50
(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)	10752.20	31314.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5.37
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))..... ▶	10752.20	31319.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10752.20	31319.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	15841.00	42923.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16341.00	43423.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16341.00	43423.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10752.20	31314.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10752.20	31314.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
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	0.00

**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 157
<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. Michael J. Agan
Full Name (Last, First, Middle Initial)
Mailing Address 5658 Tynecastle Loop
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17640
Amount of Each Receipt this Period 40.00

B. Michael J. Agan
Full Name (Last, First, Middle Initial)
Mailing Address 5658 Tynecastle Loop
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.17641
Amount of Each Receipt this Period 40.00

C. Michael J. Agan
Full Name (Last, First, Middle Initial)
Mailing Address 5658 Tynecastle Loop
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11AI.17642
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
	<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. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.17643

Amount of Each Receipt this Period

40.00

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
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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
08	/	31	/	2012

Transaction ID : SA11AI.17644

Amount of Each Receipt this Period

40.00

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.17645

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 157
(check only one)

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

A. Michael J. Agan
Full Name (Last, First, Middle Initial)
Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **09 / 28 / 2012**
Transaction ID : SA11AI.18071
Amount of Each Receipt this Period: **40.00**

B. David R. Benseler
Full Name (Last, First, Middle Initial)
Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 06 / 2012**
Transaction ID : SA11AI.17646
Amount of Each Receipt this Period: **25.00**
payroll deduction

C. David R. Benseler
Full Name (Last, First, Middle Initial)
Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt: **07 / 20 / 2012**
Transaction ID : SA11AI.17647
Amount of Each Receipt this Period: **25.00**
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ► **90.00**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.17648
 Amount of Each Receipt this Period 25.00
 payroll deduction

B. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17649
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17650
 Amount of Each Receipt this Period 25.00
 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 10 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17651

Amount of Each Receipt this Period

25.00

payroll deduction

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18072

Amount of Each Receipt this Period

25.00

payroll deduction

c. John J. Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 1390 Picardae Court

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17657

Amount of Each Receipt this Period

80.00

payroll deduction for \$80

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 11 OF 157
	<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. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11Al.17658

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : SA11Al.17659

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SA11Al.17660

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 157
	<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. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17661

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17662

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

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

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18073

Amount of Each Receipt this Period

80.00

 payroll deduction for \$80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<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. Mr. Richard B. Bowers
Full Name (Last, First, Middle Initial)

Mailing Address S86 W33540 Short Drive

City Mukwonago State WI Zip Code 53149-9306

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

Name of Employer Wilson Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : **SA11AI.17663**

Amount of Each Receipt this Period **125.00**
payroll deduction for \$125

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : **SA11AI.17664**

Amount of Each Receipt this Period **20.00**
payroll deduction for \$20

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : **SA11AI.17665**

Amount of Each Receipt this Period **20.00**
payroll deduction for \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mrs. Annette Braet
Full Name (Last, First, Middle Initial)
Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11AI.17666

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

B. Mrs. Annette Braet
Full Name (Last, First, Middle Initial)
Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.17667

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

C. Mrs. Annette Braet
Full Name (Last, First, Middle Initial)
Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.17668

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 157
	<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. Mrs. Annette Braet
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11AI.17669

Amount of Each Receipt this Period **20.00**
payroll deduction for \$20

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.18074

Amount of Each Receipt this Period **20.00**
payroll deduction for \$20

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

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : SA11AI.17670

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **55.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4915 Norfolk Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11AI.17671

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 4915 Norfolk Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : SA11AI.17672

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 4915 Norfolk Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SA11AI.17673

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.17674
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.17675
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18075
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 18 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 06 / 2012
Transaction ID : SA11Al.17677

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11Al.17678

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
08 / 03 / 2012
Transaction ID : SA11Al.17679

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas J. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17680

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Thomas J. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17681

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Thomas J. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17682

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas J. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18076

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17683

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17684

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
	<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. Thomas D. Campana
Full Name (Last, First, Middle Initial)

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.17685

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17686

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17687

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<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. Thomas D. Campana
Full Name (Last, First, Middle Initial)

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17688

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18077

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17689

Amount of Each Receipt this Period 25.00
payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17690

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

B. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17691

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

C. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17692

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 24 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17693
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17694
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18078
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

Transaction ID : SA11Al.17695

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11Al.17696

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : SA11Al.17697

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17698

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17699

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17700

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)

Mailing Address 4282 Hunts Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18079

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)

Mailing Address 53 Nottingham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17701

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)

Mailing Address 53 Nottingham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17702

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
	<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. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17703

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17704

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17705

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<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. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17706

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18080

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

C. Douglas L. Dodson
Full Name (Last, First, Middle Initial)
Mailing Address 4084 Herald Square Pl

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17707

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 30 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Douglas L. Dodson
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.17708
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

Full Name (Last, First, Middle Initial)
B. Douglas L. Dodson
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17709
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

Full Name (Last, First, Middle Initial)
C. Douglas L. Dodson
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.17710
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 31 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square Pl
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11Al.17711
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square Pl
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : SA11Al.17712
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square Pl
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11Al.18081
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<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. Stephen T. Entenmann
Full Name (Last, First, Middle Initial)

Mailing Address 7271 Middletown Rd.

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

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

Name of Employer The Motorists Mutual Insurance	Occupation Asst. Vice President
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17713

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Stephen T. Entenmann
Full Name (Last, First, Middle Initial)

Mailing Address 7271 Middletown Rd.

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

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

Name of Employer The Motorists Mutual Insurance	Occupation Asst. Vice President
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17714

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Stephen T. Entenmann
Full Name (Last, First, Middle Initial)

Mailing Address 7271 Middletown Rd.

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

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

Name of Employer The Motorists Mutual Insurance	Occupation Asst. Vice President
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17715

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 33 OF 157
(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. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17716
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17717
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17718
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 157
	<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. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.18082
 Amount of Each Receipt this Period **15.00**
 payroll deduction for \$15

B. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **981.40**

Date of Receipt **07 / 06 / 2012**
Transaction ID : SA11AI.17728
 Amount of Each Receipt this Period **70.10**
 payroll deduction for \$70.10

C. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1051.50**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11AI.17729
 Amount of Each Receipt this Period **70.10**
 payroll deduction for \$70.10

SUBTOTAL of Receipts This Page (optional).....	155.20
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 35 OF 157
	<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. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1121.60

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.17731
 Amount of Each Receipt this Period 70.10
 payroll deduction for \$70.10

B. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1191.70

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17732
 Amount of Each Receipt this Period 70.10
 payroll deduction for \$70.10

C. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1266.70

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17737
 Amount of Each Receipt this Period 75.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.20
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1336.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17734

Amount of Each Receipt this Period

70.10

 payroll deduction for \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1406.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17735

Amount of Each Receipt this Period

70.10

 payroll deduction for \$70.10

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1477.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18084

Amount of Each Receipt this Period

70.10

 payroll deduction for \$70.10

SUBTOTAL of Receipts This Page (optional).....▶	210.30
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 37 OF 157
	<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. Joseph P Fullenkamp
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17742

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 3123 Summit Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17743

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 3123 Summit Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17744

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 38 OF 157
(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. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17745
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17746
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17747
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 157
(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. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18085
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17755
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.17756
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 157
	<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. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17757

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17758

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
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FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17759

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 41 OF 157
(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. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.17760
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18088
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mrs. Jeanne I. Gibbons
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Burreed Court
 City Pataskala State OH Zip Code 43062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17761
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 42 OF 157
(check only one)

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

A. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17762

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17763

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17764

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 43 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11Al.17765

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11Al.17766

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11Al.18089

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 157
	<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. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11Al.17769

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : SA11Al.17771

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

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
08		17		2012

Transaction ID : SA11Al.17772

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 157
<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. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17773

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17774

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18090

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 46 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 06 / 2012
Transaction ID : SA11Al.17776

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11Al.17777

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
08 / 03 / 2012
Transaction ID : SA11Al.17778

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 47 OF 157
(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. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17779
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17780
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17781
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 48 OF 157
(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. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18091
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17783
 Amount of Each Receipt this Period 15.00
 payroll deduction

C. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.17784
 Amount of Each Receipt this Period 15.00
 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: PAGE 49 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11AI.17785
 Amount of Each Receipt this Period
 15.00
 payroll deduction

B. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11AI.17786
 Amount of Each Receipt this Period
 15.00
 payroll deduction

C. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.17787
 Amount of Each Receipt this Period
 15.00
 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: PAGE 50 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.17788
 Amount of Each Receipt this Period
 15.00
 payroll deduction

B. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18092
 Amount of Each Receipt this Period
 15.00
 payroll deduction

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.17789
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 51 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.17790
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17791
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.17792
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 52 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.17793
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.17794
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18093
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 53 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11Al.17795

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11Al.17796

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012

Transaction ID : SA11Al.17797

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 54 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5999 Lane Road

City State Zip Code
 Centerburg OH 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 17 / 2012
Transaction ID : SA11Al.17798

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

Mailing Address 5999 Lane Road

City State Zip Code
 Centerburg OH 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11Al.17799

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

Mailing Address 5999 Lane Road

City State Zip Code
 Centerburg OH 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : SA11Al.17800

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 157
<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. Marc S. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11Al.18094

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

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

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 06 / 2012**

Transaction ID : SA11Al.17801

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

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

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 20 / 2012**

Transaction ID : SA11Al.17802

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 56 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 03 / 2012
Transaction ID : SA11AI.17803
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 17 / 2012
Transaction ID : SA11AI.17804
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11AI.17806
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 57 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : SA11AI.17805
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.18095
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mr. James F Hayon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 South Washington Drive
 City State Zip Code
 Howards Grove WI 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V. P. Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 06 / 2012
Transaction ID : SA11AI.17807
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 157
	<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. Mr. James F Hayon
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 07 / 20 / 2012
Transaction ID : SA11AI.17808

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 240.00

Date of Receipt: 08 / 03 / 2012
Transaction ID : SA11AI.17809

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 08 / 17 / 2012
Transaction ID : SA11AI.17810

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 157
	<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. Mr. James F Hayon
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 270.00

Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.17811

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 285.00

Date of Receipt: 09 / 14 / 2012
Transaction ID : SA11AI.17812

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

Mailing Address 1020 South Washington Drive

City: Howards Grove State: WI Zip Code: 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.18096

Amount of Each Receipt this Period: 15.00
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 157
	<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. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : **SA11Al.17813**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : **SA11Al.17814**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : **SA11Al.17815**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : SA11Al.17816

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11Al.17817

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11Al.17818

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas J. Henderson
Full Name (Last, First, Middle Initial)
Mailing Address 9725 Wagonwood Drive
City Pickerington State OH Zip Code 43147
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18097
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Snowmass Road
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17819
Amount of Each Receipt this Period 25.00
payroll deduction for \$25

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)
Mailing Address 1409 Snowmass Road
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17820
Amount of Each Receipt this Period 25.00
payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 157
<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. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 03 / 2012**

Transaction ID : SA11Al.17821

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

B. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 17 / 2012**

Transaction ID : SA11Al.17822

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 31 / 2012**

Transaction ID : SA11Al.17823

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

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

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

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

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

FOR LINE NUMBER: PAGE 64 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.17824
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18098
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4566 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17825
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 157
<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. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)
Mailing Address 4556 Dirham Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17826

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)
Mailing Address 4556 Dirham Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17827

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)
Mailing Address 4556 Dirham Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17828

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 157
(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. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17829
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17830
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18099
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17831

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 43110
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17832

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17833

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 157
	<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. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11AI.17834

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.17835

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.17836

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11Al.18100

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

B. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)

Mailing Address 5729 Superior Avenue

City Sheboygan State WI Zip Code 53083

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

Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 06 / 2012**

Transaction ID : SA11Al.17840

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)

Mailing Address 5729 Superior Avenue

City Sheboygan State WI Zip Code 53083

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

Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 20 / 2012**

Transaction ID : SA11Al.17841

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.17842
Amount of Each Receipt this Period 25.00
payroll deduction for \$25

B. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17843
Amount of Each Receipt this Period 25.00
payroll deduction for \$25

C. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17844
Amount of Each Receipt this Period 25.00
payroll deduction for \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17845
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18102
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City Worthington State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17846
 Amount of Each Receipt this Period 30.00
 payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 157
	<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. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012
Transaction ID : SA11Al.17847

Amount of Each Receipt this Period
30.00
payroll deduction for \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012
Transaction ID : SA11Al.17848

Amount of Each Receipt this Period
30.00
payroll deduction for \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2012
Transaction ID : SA11Al.17849

Amount of Each Receipt this Period
30.00
payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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 73 OF 157
<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. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17850

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17851

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18103

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 74 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17852
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

B. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17853
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

c. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.17854
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : SA11Al.17855
 Amount of Each Receipt this Period **20.00**
 payroll deduction for \$20

B. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11Al.17856
 Amount of Each Receipt this Period **20.00**
 payroll deduction for \$20

c. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11Al.17857
 Amount of Each Receipt this Period **20.00**
 payroll deduction for \$20

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

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

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

FOR LINE NUMBER: PAGE 76 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18104
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

B. Anne B. King
 Full Name (Last, First, Middle Initial)
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17858
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

c. Anne B. King
 Full Name (Last, First, Middle Initial)
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17859
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 77 OF 157
	<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. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17860

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

B. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17861

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

C. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17862

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 157
	<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. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17863

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

B. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18105

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

C. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17864

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 157
	<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

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. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11Al.17865

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : SA11Al.17866

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : SA11Al.17867

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 157
<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. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11AI.17868

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

B. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.17869

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

C. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.18106

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 157
	<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. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : **SA11Al.17870**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : **SA11Al.17871**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : **SA11Al.17872**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 157
	<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. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : SA11Al.17873

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11Al.17874

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11Al.17875

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeff Kirkey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Pinecone Court
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18107
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17882
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

C. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.17883
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

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

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

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

FOR LINE NUMBER: PAGE 84 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11AI.17884
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

B. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11AI.17885
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

C. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.17886
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17887

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

B. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18109

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

C. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)

Mailing Address 116 Clarke Lane

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

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17888

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 157
	<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. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
FEC ID number of contributing federal political committee. C		
Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Date of Receipt
MM / DD / YYYY
07 / 20 / 2012
Transaction ID : SA11Al.17889

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
FEC ID number of contributing federal political committee. C		
Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
MM / DD / YYYY
08 / 03 / 2012
Transaction ID : SA11Al.17890

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

C. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
FEC ID number of contributing federal political committee. C		
Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Date of Receipt
MM / DD / YYYY
08 / 17 / 2012
Transaction ID : SA11Al.17891

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 87 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.17892
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.17893
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18110
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 157
	<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. Mr. David W. Lemon
Full Name (Last, First, Middle Initial)

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17894

Amount of Each Receipt this Period 125.00

deduction

B. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17895

Amount of Each Receipt this Period 15.00

payroll deduction for \$15

C. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17896

Amount of Each Receipt this Period 15.00

payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00

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

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

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

FOR LINE NUMBER: PAGE 89 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code
 Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 03 / 2012
Transaction ID : SA11Al.17897

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code
 Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 17 / 2012
Transaction ID : SA11Al.17898

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code
 Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11Al.17899

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 157
	<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. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11Al.17900

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

B. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11Al.18111

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

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 Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11Al.17901

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 157
	<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. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2012
Transaction ID : SA11AI.17902

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

B. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2012
Transaction ID : SA11AI.17903

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2012
Transaction ID : SA11AI.17904

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 157
	<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. Todd A. Long
Full Name (Last, First, Middle Initial)

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 Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 31 / 2012**

Transaction ID : SA11Al.17905

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

B. Todd A. Long
Full Name (Last, First, Middle Initial)

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 Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 14 / 2012**

Transaction ID : SA11Al.17906

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

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 Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11Al.18112

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 157
	<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. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

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

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17907

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

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

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17908

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

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

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17909

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 94 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.17910
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17911
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17913
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 95 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18113
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17914
 Amount of Each Receipt this Period 45.00
 payroll deduction for \$45

C. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17915
 Amount of Each Receipt this Period 45.00
 payroll deduction for \$45

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 96 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 08 / 03 / 2012
Transaction ID : SA11Al.17916
 Amount of Each Receipt this Period
 45.00
 payroll deduction for \$45

B. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 08 / 17 / 2012
Transaction ID : SA11Al.17917
 Amount of Each Receipt this Period
 45.00
 payroll deduction for \$45

C. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 810.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11Al.17918
 Amount of Each Receipt this Period
 45.00
 payroll deduction for \$45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 157
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert L. McCracken
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11Al.17919

Amount of Each Receipt this Period **45.00**
payroll deduction for \$45

B. Mr. Robert L. McCracken
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11Al.18114

Amount of Each Receipt this Period **45.00**
payroll deduction for \$45

C. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : SA11Al.17920

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11Al.17921

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012

Transaction ID : SA11Al.17922

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11Al.17923

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 157
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	<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. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SA11Al.17924

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2012

Transaction ID : SA11Al.17925

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Manager
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : SA11Al.18115

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 157
	<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. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17926

Amount of Each Receipt this Period

50.00

 payroll deduction for \$50

B. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17927

Amount of Each Receipt this Period

50.00

 payroll deduction for \$50

c. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17928

Amount of Each Receipt this Period

50.00

 payroll deduction for \$50

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

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

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

FOR LINE NUMBER: PAGE 101 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 08 / 17 / 2012
Transaction ID : SA11Al.17929

Amount of Each Receipt this Period
 50.00
 payroll deduction for \$50

Full Name (Last, First, Middle Initial)
B. Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11Al.17930

Amount of Each Receipt this Period
 50.00
 payroll deduction for \$50

Full Name (Last, First, Middle Initial)
c. Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : SA11Al.17931

Amount of Each Receipt this Period
 50.00
 payroll deduction for \$50

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 102 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18116

Amount of Each Receipt this Period 50.00
payroll deduction for \$50

B. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.17932

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.17933

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER: PAGE 103 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Mark Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11AI.17934
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Mark Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11AI.17935
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Mr. Mark Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.17936
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 4460 Swenson Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17937

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 4460 Swenson Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18117

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)
Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17945

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 157
	<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. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17946

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17947

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17948

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17949

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17950

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18119

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 157
	<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. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17951

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17953

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.17954

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.17955

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.17956

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17957

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 109 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11Al.18120

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 06 / 2012
Transaction ID : SA11Al.17958

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11Al.17959

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 110 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Georgia Puls
 Mailing Address 825 West Price Street
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Ins. Co. V. P. Commercial Lines
 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
 08 / 03 / 2012
Transaction ID : SA11AI.17960
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Georgia Puls
 Mailing Address 825 West Price Street
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Ins. Co. V. P. Commercial Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11AI.17961
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Georgia Puls
 Mailing Address 825 West Price Street
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Ins. Co. V. P. Commercial Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.17962
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 157
<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

Full Name (Last, First, Middle Initial)
A. Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.17963

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Georgia Puls

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.18121

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Kelly Reisling

Mailing Address 3178 Ranke Court

City Grove City State OH Zip Code 43123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.17964

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 112 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code
 Grove City OH 43123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.17965

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code
 Grove City OH 43123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17966

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Kelly Reisling

Mailing Address 3178 Ranke Court

City State Zip Code
 Grove City OH 43123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.17967

Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 113 OF 157
(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. Kelly Reisling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3178 Ranke Court
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11Al.17968
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Kelly Reisling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3178 Ranke Court
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11Al.17969
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Kelly Reisling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3178 Ranke Court
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11Al.18122
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 114 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11Al.17970
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.17971
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17972
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 Transaction ID : SA11Al.17973
Mailing Address 1026 Loch Ness Avenue		Amount of Each Receipt this Period 25.00 payroll deduction for \$25
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 425.00	
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11Al.17974
Mailing Address 1026 Loch Ness Avenue		Amount of Each Receipt this Period 25.00 payroll deduction for \$25
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 450.00	
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Randolph A. Rudowicz		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11Al.17975
Mailing Address 1026 Loch Ness Avenue		Amount of Each Receipt this Period 25.00 payroll deduction for \$25
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 475.00	
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 116 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18123
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Mrs. Karen L. Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Sommer Drive
 City State Zip Code
 Sheboygan WI 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V. P. Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.17976
 Amount of Each Receipt this Period
 15.00
 payroll deductions for \$15

C. Mrs. Karen L. Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Sommer Drive
 City State Zip Code
 Sheboygan WI 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V. P. Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.17977
 Amount of Each Receipt this Period
 15.00
 payroll deductions for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11AI.17978

Amount of Each Receipt this Period

15.00

 payroll deductions for \$15

B. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.17979

Amount of Each Receipt this Period

15.00

 payroll deductions for \$15

C. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.17980

Amount of Each Receipt this Period

15.00

 payroll deductions for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Sommer Drive

City Sheboygan State WI Zip Code 53081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.17981

Amount of Each Receipt this Period 15.00
payroll deductions for \$15

B. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Sommer Drive

City Sheboygan State WI Zip Code 53081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18124

Amount of Each Receipt this Period 15.00
payroll deductions for \$15

C. Karen L. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.17982

Amount of Each Receipt this Period 25.00
payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 157
	<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. Karen L. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 20 / 2012**

Transaction ID : SA11Al.17983

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

B. Karen L. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 03 / 2012**

Transaction ID : SA11Al.17984

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Karen L. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 17 / 2012**

Transaction ID : SA11Al.17985

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 120 OF 157
(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. Karen L. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Pond Hollow Lane
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.17986
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Karen L. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Pond Hollow Lane
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.17987
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Karen L. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Pond Hollow Lane
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11Al.18125
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 121 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Austin Slattery
 Mailing Address 734 Prairie Run Dr.
 City State Zip Code
 Sunbury OH 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11Al.17988
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
B. Austin Slattery
 Mailing Address 734 Prairie Run Dr.
 City State Zip Code
 Sunbury OH 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.17989
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Austin Slattery
 Mailing Address 734 Prairie Run Dr.
 City State Zip Code
 Sunbury OH 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17990
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : SA11AI.17991
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **270.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.17992
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : SA11AI.17993
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 157
	<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. Austin Slattery
Full Name (Last, First, Middle Initial)

Mailing Address 734 Prairie Run Dr.

City	State	Zip Code
Sunbury	OH	43074

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

Name of Employer	Occupation
Motorists Mutual Ins Co.	Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18126

Amount of Each Receipt this Period

Amount
15.00

 payroll deduction for \$15

B. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City	State	Zip Code
Westlake	OH	44145

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

Name of Employer	Occupation
Motorists Mutual Ins. Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.17994

Amount of Each Receipt this Period

Amount
55.00

 payroll deduction for \$55

C. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City	State	Zip Code
Westlake	OH	44145

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

Name of Employer	Occupation
Motorists Mutual Ins. Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.17995

Amount of Each Receipt this Period

Amount
55.00

 payroll deduction for \$55

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 124 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.17996
 Amount of Each Receipt this Period
 55.00
 payroll deduction for \$55

B. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.17997
 Amount of Each Receipt this Period
 55.00
 payroll deduction for \$55

C. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11Al.17998
 Amount of Each Receipt this Period
 55.00
 payroll deduction for \$55

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.17999

Amount of Each Receipt this Period

55.00

 payroll deduction for \$55

B. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18127

Amount of Each Receipt this Period

55.00

 payroll deduction for \$55

C. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11Al.18000

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 157
<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. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.18001

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.18002

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.18003

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 127 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.18004
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.18005
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18128
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 157
	<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. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : SA11Al.18006

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

B. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : SA11Al.18007

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

c. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : SA11Al.18008

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.18009
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11Al.18010
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

c. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11Al.18011
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 130 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11Al.18129
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11Al.18012
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 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
 07 / 20 / 2012
Transaction ID : SA11Al.18013
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 131 OF 157
(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. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.18014
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.18015
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

C. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11Al.18016
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tamera A. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2012
Transaction ID : SA11Al.18017

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

B. Tamera A. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012
Transaction ID : SA11Al.18130

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

C. Mr. Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Maxwell Avenue

City State Zip Code
Lewis Center OH 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2012
Transaction ID : SA11Al.18018

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

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

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

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

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

FOR LINE NUMBER: PAGE 133 OF 157
(check only one)
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.18019
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.18020
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.18021
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 134 OF 157
(check only one)
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 13 14 15 16 17

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

A. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.18022
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.18023
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18131
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11Al.18024
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.18025
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : SA11Al.18026
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11Al.18027
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11Al.18028
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11Al.18029
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.18132
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Mr. Alan R. Tubbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Scenic Hill Ln.
 City State Zip Code
 DeWitt IA 52742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Ins. Co. Director
 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
 08 / 17 / 2012
Transaction ID : SA11AI.18031
 Amount of Each Receipt this Period
 125.00
 payroll deduction for \$125

C. Peter A. Weisenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 Lakebrook Blvd.
 City State Zip Code
 Columbus OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.18032
 Amount of Each Receipt this Period
 20.00
 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 157
	<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. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : SA11AI.18033

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

B. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : SA11AI.18034

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

C. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SA11AI.18035

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 157
<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. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.18036

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

B. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.18037

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

C. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11Al.18133

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.18038
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

B. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.18039
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

C. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.18040
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11AI.18041
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

B. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.18042
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

C. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.18043
 Amount of Each Receipt this Period 40.00
 payroll deduction for \$40

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Robert L. Western
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11Al.18134

Amount of Each Receipt this Period
40.00
 payroll deduction for \$40

B. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11Al.18044

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

C. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11Al.18045

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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 143 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial) A. Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Bettendorf State IA Zip Code 52722		Transaction ID : SA11AI.18046
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Claims		payroll deduction for \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Bettendorf State IA Zip Code 52722		Transaction ID : SA11AI.18047
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Claims		payroll deduction for \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Bettendorf State IA Zip Code 52722		Transaction ID : SA11AI.18048
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Claims		payroll deduction for \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.18049
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.18135
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Charles A. Wickert
 Full Name (Last, First, Middle Initial)
 Mailing Address 5519 Medallion Drive W.
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.18051
 Amount of Each Receipt this Period 30.00
 payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11Al.18052

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

B. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11Al.18053

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11Al.18054

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 146 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.18055

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

B. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.18056

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.18137

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 147 OF 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11Al.18057
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11Al.18058
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 03 / 2012
Transaction ID : SA11Al.18059
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11Al.18060
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11Al.18061
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11Al.18062
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Charles A. Williams
Full Name (Last, First, Middle Initial)

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.18138

Amount of Each Receipt this Period

Amount	85.00
--------	-------

 payroll deduction for \$15

B. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11AI.18063

Amount of Each Receipt this Period

Amount	35.00
--------	-------

 payroll deduction for \$35

C. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11AI.18064

Amount of Each Receipt this Period

Amount	35.00
--------	-------

 payroll deduction for \$35

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 157
	<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. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **08 / 03 / 2012**

Transaction ID : SA11Al.18065

Amount of Each Receipt this Period **35.00**

payroll deduction for \$35

B. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **08 / 17 / 2012**

Transaction ID : SA11Al.18066

Amount of Each Receipt this Period **35.00**

payroll deduction for \$35

C. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **08 / 31 / 2012**

Transaction ID : SA11Al.18067

Amount of Each Receipt this Period **35.00**

payroll deduction for \$35

SUBTOTAL of Receipts This Page (optional)..... **105.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 157
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)
A. Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.18068

Amount of Each Receipt this Period

35.00

 payroll deduction for \$35

Full Name (Last, First, Middle Initial)
B. Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.18139

Amount of Each Receipt this Period

35.00

 payroll deduction for \$35

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	10340.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

011

Candidate Name
PATRICK J. TIBERI

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SB23.18142

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Citizens for Grossman

Mailing Address 3955 Brown Park Dr
Suite A

City Hilliard State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 26 / 2012

Transaction ID : SB29.17635

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Citizens for Nathan Burd

Mailing Address 550 Shoal Court

City Reynoldsburg State OH Zip Code 43068

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 24 / 2012

Transaction ID : SB29.17656

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens for Obhof

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 26 / 2012

Transaction ID : SB29.17618

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Citizens for Stinziano

Mailing Address 5550 East Walnut Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB29.17629

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Robert D. Hackett

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB29.17630

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Robert D. Hackett

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB29.17639

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Cupp for Supreme Court

Mailing Address 500 South Front St.
Suite 700

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.17637

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Elect DeVitis

Mailing Address 660 Singley Ave

City Akron State OH Zip Code 44310

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.17655

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Kris Jordan

Mailing Address 161 Stonebend Drive

City Powell State OH Zip Code 43065

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.17621

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Friends of Mike Henne

Mailing Address 8447 Diamond Mill Rd.

City Clayton State OH Zip Code 45315

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB29.17631

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. NAMIC PAC

Mailing Address 122 C Street, NW, Suite 540

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB29.17633

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ohio Republican Party Judicial Fund

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : SB29.18070

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Re-elect Justice O'Donnell

Mailing Address 260 N. Cassady Ave

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB29.17636

Amount of Each Disbursement this Period

2108.00

Full Name (Last, First, Middle Initial)

B. Retain Justice Yvette McGee Brown

Mailing Address 340 E. Fulton St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB29.17638

Amount of Each Disbursement this Period

1275.00

Full Name (Last, First, Middle Initial)

C. Sprague for State Representative

Mailing Address 220 West Sandusky Street

City Findlay State OH Zip Code 45840

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2012

Transaction ID : SB29.17620

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3633.00

15841.00