FEC FORM 3X	AN	ID DISE	OF REC BURSEM An Authorize	IENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fi		FEC MAILING		cample:If typing	, type			
ADDRESS (number and	street)	71 E BROAD S	T 					
Check if differ than previousl reported. (ACC	y .C	OLUMBUS					43215 	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCODE	
C00336834			3. IS THIS REPOR		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -El Report (d) 30-Day <b>Post</b> -f Report	Election on Election on	3)	12C)	Sep 2	20 (M9) 6 (M10) 7 (M10	Nov 20 (M11) Non-Election Year Only) Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period       01       01       2007       through       06       30       2007         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       Electronically Filed by       Michael L. Wiseman       Date       07       16       2007         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.								
Office Use Only							FEC FORM (Rev. 02/2003	

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND ММ D D Y W м м D D Y 0 1 01 2007 06 30 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 2007 7124.40 January 1 (b) Cash on Hand at 7124.40 Begining of Reporting Period ..... 22306.26 22306.26 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29430.66 29430.66 6(a) and 6(c) for Column B) ..... 18711.82 18711.82 7. Total Disbursements (from Line 31) ..... Cash on Hand at Close of 8. **Reporting Period** 10718.84 10718.84 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed BΥ the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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. 02/2003) Page 3 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND м м 01 <sup>D</sup> 0<sup>D</sup> 1 2 0 0 7 Y <sup>м</sup> б <sup>D</sup> 3<sup>D</sup> 0 Y To: Report Covering the Period: From:

<sup>Y</sup>2007

Y

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	10981.00	10981.00
	(i) Itemized (use Schedule A)		
		11312.00	11312.00
	(ii) Unitemized		
	(iii) TOTAL (add Lines 11(a)(i) and (ii) <b>&gt;</b>	22293.00	22293.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry	00000 00	00000 00
	Totals to Line 33, page 5) 🕨	22293.00	22293.00
	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
		0.00	0.00
13.	All Loans Received		
14	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made		
t	to Federal candidates and Other		
	Political Committees	0.00	0.00
17. (	Other Federal Receipts		
	(Dividends, Interest, etc.)	13.26	13.26
•	Transform from New Fordersheed Lonie Forder		
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)		
	(h) Las in Franks (from Oak ad to UF)	0.00	0.00
	(b) Levin Funds (from Schedule H5)		
	(a) Total Transfer (add 19(a) and 19(b))	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).		
10	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	22306.26	22306.26
	12, 10, 14, 10, 10, 17, and 10(0)		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)	22306.26	22306.26

## DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Shared 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	9.00	9.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	9.00	9.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E)	34.82	34.82
25.	Coordinated Expenditures Made by Party Committees (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	18668.00	18668.00
80.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18711.82	18711.82
32.	Total Federal Disbursements		
-	(subtract Line 21(a)(ii) from Line 30(a)(ii)	18711.82	

## DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	1	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)	22293.00	22293.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22293.00	22293.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9.00	9.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	9.00

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt
	Mailing Address 5658 Tynecastle Loop			05 18 2007
	City Dublin	State OH	Zip Code	Transaction ID: SA11A1.7095
	FEC ID number of contributing federal political committee.	C	43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V.		Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]
в.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop	0 6 0 1 Y Y Y Y Y 0 0 7 0 1 0 0 7 0 7 0 7 0 7 0 7 0 7 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7096
	Dublin FEC ID number of contributing federal political committee.	OH C	43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V.		<ul> <li>Payroll deduction of \$30 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 255.00	]
с.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop			M · M         /         D · D         Y         Y · Y         <
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11A1.7288 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V.		<ul> <li>Payroll deduction of \$30 per pay</li> </ul>
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 285.00	]
s	UBTOTAL of Receipts This Page (optional)			90.00
Т	OTAL This Period (last page this line number or	וy)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		<b>7FD RECEIPTS</b> or each category of the		FOR LINE NUMBER: PAGE 7 / 60 (check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\langle \rangle$	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND		
Á.	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt			
	Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 06 29 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7374	
	Dublin	OH	43016	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V.		Payroll deduction of \$30 per pay	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	0 0	315.00		
в.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt	
	Mailing Address 1390 Picardae Court	M M / D D / Y Y Y Y 02 23 2007			
	City	State	Zip Code	Transaction ID: SA11A1.6732	
	Powell	OH	43065	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		80.00	
	Name of Employer Motorists Mutual Insurance	Occupation	n n, President and CEO	Payroll deduction of \$80 per pay	
	Co. Receipt For:	1	Year-to-Date ▼	-	
	Primary General Other (specify) <b>▼</b>		230.00	]	
<u> </u>	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt	
•.	Mailing Address 1390 Picardae Court			0 3 0 9 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.6784	
	Powell	OH	43065	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		80.00	
	Name of Employer Motorists Mutual Insurance	Occupation	n n, President and CEO	Payroll deduction of \$80 per pay	
	Co. Receipt For:		e Year-to-Date V		
	Primary General Other (specify) <b>▼</b>	0 0	310.00	]	
				190.00	
$\vdash$	<b>UBTOTAL</b> of Receipts This Page (optional)		••••••		

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

FEC Schedule A ( Form 3X) Rev. 02/2003

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 8 / 60         (check only one)       X         X       11a       11b       11c       12
Any or fo	information copied from such Reports and Sta r commercial purposes, other than using the r	atements may	y not be sold or used by any perso	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C			
-	ull Name (Last, First, Middle Initial) ohn J. Bishop	Date of Receipt		
N	lailing Address 1390 Picardae Court	03 / 23 / Y Y Y Y 2007		
	ity Powell	State OH	Zip Code 43065	Transaction ID: SA11A1.6855 Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C		80.00
Ν	lame of Employer Notorists Mutual Insurance Jo.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
F	eceipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 390.00	]
	ull Name (Last, First, Middle Initial) ohn J. Bishop			Date of Receipt
Ν	lailing Address 1390 Picardae Court	M M / D D / Y Y Y Y Y 0 4 0 6 2 0 0 7		
	ity Powell	State OH	Zip Code 43065	Transaction ID: SA11A1.6929 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		80.00
N C	ame of Employer Notorists Mutual Insurance So.	1	n, President and CEO	Payroll deduction of \$80 per pay
F	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 470.00	]
	ull Name (Last, First, Middle Initial) ohn J. Bishop			Date of Receipt
	lailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 0 4 20 2007
	ity Powell	State OH	Zip Code 43065	Transaction ID: SA11A1.7003
F	EC ID number of contributing deral political committee.	C	43065	Amount of Each Receipt this Period 80.00
<u> </u>	ame of Employer Notorists Mutual Insurance Co		n, President and CEO	<ul> <li>Payroll deduction of \$80 per pay</li> </ul>
F	eceipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 550.00	]
SUI	I <b>BTOTAL</b> of Receipts This Page (optional)		······	240.00

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

FEC Schedule A ( Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 60 (check only one)				
11			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions				
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)							
$\mathbb{Z}$	MOTORISTS MUTUAL INSURANCE C	OMPANY (						
Α.	Full Name (Last, First, Middle Initial) John J. Bishop							
	Mailing Address 1390 Picardae Court	M M / D D / Y Y Y Y 05 04 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7218				
	Powell	OH	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay				
	Receipt For:		Year-to-Date V					
	Primary General Other (specify) ▼		630.00	]				
в.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt				
	Mailing Address 1390 Picardae Court			M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: SA11A1.7097				
	Powell	OH	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	<ul> <li>Payroll deduction of \$80 per pay</li> </ul>				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary     General       Other (specify)     ▼		710.00	]				
<u>с.</u>	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt				
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 06 01 2007				
	City	State	Zip Code	Transaction ID: SA11A1.7098				
	Powell	ОН	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	<ul> <li>Payroll deduction of \$80 per pay</li> </ul>				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary     General       Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)			240.00				
Т	OTAL This Period (last page this line number of	only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 60			
	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page	13 $14$ $15$ $16$ $12$			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	MOTORISTS MUTUAL INSURANCE CO						
Α.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt			
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 06 15 2007			
	City	State	Zip Code	Transaction ID: SA11A1.7289			
	Powell	OH	43065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Motorists Mutual Insurance	Occupation	n, President and CEO	Payroll deduction of \$80 per pay			
	Co. Receipt For:		Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	870.00				
в.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt			
	Mailing Address 1390 Picardae Court	0 6 / 2 9 / Y Y Y Y 2 0 0 7					
	City	State	Zip Code	Transaction ID: SA11A1.7375			
	Powell	OH	43065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Motorists Mutual Insurance Co.	Occupatior Chairmar	n, President and CEO	Payroll deduction of \$80 per pay			
	Receipt For:		Year-to-Date V				
	Primary General Other (specify) ▼		950.00				
	Full Name (Last, First, Middle Initial)			-			
C.	Mr. Grady Campbell			Date of Receipt			
	Mailing Address 5760 Whispering Trail			05 04 Y Y Y Y 05 07			
	City	State	Zip Code	Transaction ID: SA11A1.7223			
	Galena	ОН	43021	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice Pres		Payroll deduction of \$25 per pay			
	Receipt For:	Aggregate	Year-to-Date 🔻	-			
	Other (specify)	0 0	225.00	]			
	UBTOTAL of Receipts This Page (optional)			185.00			
F	UPICIAL OF HEGEIPIS THIS FAYE (UPILOIId)						
т	OTAL This Period (last page this line number or	ıly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 60 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
	y information copied from such Reports and Sta					
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	solicit contributions from such committee.		
	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt		
	Mailing Address 5760 Whispering Trail			05 18 Y Y Y Y 05 18 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7107		
	Galena	OH	43021	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupatio		Payroll deduction of \$25 per pay		
	Receipt For:	Vice Pres	sident ≥ Year-to-Date ▼			
	Primary General	Aggregate		1		
	Other (specify)	0 0	250.00			
в.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt		
	Mailing Address 5760 Whispering Trail	0 6 0 1 Y Y Y Y 0 6 0 1 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11A1.7108		
	Galena	OH	43021	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary     General       Other (specify) ▼		275.00	]		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt		
-	Mailing Address 5760 Whispering Trail			0 6 1 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7294		
	Galena	OH	43021	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify)	0 0	300.00	]		
s	LUBTOTAL of Receipts This Page (optional)			75.00		
$\vdash$	OTAL This Period (last page this line number or		•			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/60 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full)						
	MOTORISTS MUTUAL INSURANCE CO						
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt			
	Mailing Address 5760 Whispering Trail			0 6 2 9 Y Y Y Y 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7380			
	Galena	OH	43021	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation		Payroll deduction of \$25 per pay			
	Receipt For:		e Year-to-Date V				
	Primary General			1			
	Other (specify)	0 0	325.00				
в.	Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt			
	Mailing Address 7042 Tralee Drive	06 15 Y Y Y Y Y 2007					
	City	State	Zip Code	Transaction ID: SA11A1.7296			
	Dublin	OH	43017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		17.00			
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		<ul> <li>Payroll deduction of \$17 per pay</li> </ul>			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary   General     Other (specify) ▼		204.00	]			
_	Full Name (Last, First, Middle Initial)						
C.	John D. Coffman Mailing Address 7042 Tralee Drive			Date of Receipt			
				06 29 2007			
	City	State	Zip Code	Transaction ID: SA11A1.7381			
	Dublin	OH	43017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C					
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		<ul> <li>Payroll deduction of \$17 per pay</li> </ul>			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)	221.00	]				
	UBTOTAL of Receipts This Page (optional)			59.00			
T	OTAL This Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13/60		
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)		
••			Detailed Summary Page			
۸r	y information copied from such Reports and Sta	tomonto mov	a not be cold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\rangle$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Mr. John L. Cooper	Mr. John L. Cooper				
	Mailing Address 4217 St. George Lane			0 2 / D D / Y Y Y Y 1 6 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.6697		
	Naples	FL	34119-7505	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		750.00		
	Name of Employer Motorists Mutual Insurance	Occupation	1	Annual cash donation		
	Motorists Mutual Insurance Co.	Director				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Primary General		750.00	1		
	Other (specify)	0 0				
в.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt		
	Mailing Address 6323 Cook Road	M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: SA11A1.7227		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer	Occupation	1	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Motorists Mutual Insurance Company	Vice Pres	sident			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Primary General		225.00	1		
	Other (specify) <b>v</b>	0 0				
c.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt		
	Mailing Address 6323 Cook Road			05 / 18 / Y Y Y Y 05 / 18		
	City	State	Zip Code	Transaction ID: SA11A1.7113		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer	Occupation		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Motorists Mutuál Insurance Company	Vice Pres				
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General		250.00	1		
	Other (specify)			1		
s	UBTOTAL of Receipts This Page (optional)			800.00		
T	OTAL This Period (last page this line number or	ווy)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 60			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page				
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full)						
$\rangle$	MOTORISTS MUTUAL INSURANCE C						
Α.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt			
	Mailing Address 6323 Cook Road			0 6 / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7114			
	Powell	OH	43065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Insurance	Occupatio	n	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>			
	Company	Vice Pres	sident				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	275.00	]			
в.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt			
	Mailing Address 6323 Cook Road	M M / D D / Y Y Y Y 06 15 2007					
	City	State	Zip Code	Transaction ID: SA11A1.7299			
	Powell	OH	43065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$25 per pay			
	Company Receipt For:		e Year-to-Date V				
	Primary General	, iggi oguio		1			
	Other (specify)	0 0	300.00				
с.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt			
	Mailing Address 6323 Cook Road	M M / D D / Y Y Y Y 06 29 2007					
	City	State	Zip Code	Transaction ID: SA11A1.7383			
	Powell	OH	43065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$25 per pay			
	Company Receipt For:		e Year-to-Date V	_			
	Primary General	riggi oguio		1			
	Other (specify)	0 0	325.00				
s	UBTOTAL of Receipts This Page (optional)			75.00			
Т	OTAL This Period (last page this line number of	nly)					

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO			
A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake Driv	/e		Date of Receipt
				06 01 2007
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11A1.7118
	FEC ID number of contributing federal political committee.	C	43020	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General Other (specify) <b>v</b>	Occupatio Vice Pres Aggregate		Payroll deduction of \$25 per pay
В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake Driv	Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11A1.7301
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres		per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
<u></u>	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 5922 Coventry Lake Driv	ve		M M / D D / Y Y Y Y 06 29 2007
	City	State OH	Zip Code	Transaction ID: SA11A1.7385
	Hilliard FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres	sident	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) $\bigtriangledown$	Aggregate	e Year-to-Date ▼ 275.00	]
s	UBTOTAL of Receipts This Page (optional)		······	75.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 60 (check only one)				
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel E. Evans			Date of Receipt				
	Mailing Address 300 Bowen Road			03 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.6916				
	Canal Winchester	OH	43110	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer Motorists Mutual Ins. Co.	Occupation	ו	Cash Donation				
	Receipt For:	Director Aggregate	Year-to-Date V	_				
	Primary General	7.99.094.0		1				
	Other (specify)	0 0	1000.00					
В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt				
2.	Mailing Address 7542 East Rush Ridge F	Road		0 2 0 9 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11A1.6693				
	Bloomington	IN	47401	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer Motorists Mutual Insurance	Occupation	1	Annual cash donation				
	Co. Receipt For:	Director Aggregate	Year-to-Date V	_				
	Primary General			1				
	Other (specify)	0 0	1000.00					
C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt				
	Mailing Address 1025 8th Street			M M / D D / Y Y Y Y 02 / 21 / 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6717				
	DeWitt	IA	52742	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00 Cash Contribution				
	Name of Employer Iowa Mutual Ins. Co.	Occupation President	t					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]				
s	UBTOTAL of Receipts This Page (optional)		••••••	2500.00				
т	TOTAL This Period (last page this line number only)							

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 60         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO							
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street	Date of Receipt						
				04 06 2007				
	City DeWitt	State IA	Zip Code 52742	Transaction ID: SA11A1.6920				
	FEC ID number of contributing federal political committee.	C	52/42	Amount of Each Receipt this Period				
	· · · · · · · · · · · · · · · · · · ·			Payroll deduction of \$25				
	Name of Employer Iowa Mutual Ins. Co.	Occupation Presiden		per pay				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)	0 0	525.00	]				
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt				
	Mailing Address 1025 8th Street			04 20 Y Y Y Y 04 20 2007				
	City	State	Zip Code	Transaction ID: SA11A1.6990				
	DeWitt	IA	52742	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation Presiden		<ul> <li>Payroll deduction of \$25 oer pay</li> </ul>				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	]				
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt				
	Mailing Address 1025 8th Street			05 04 2007				
	City DeWitt	State IA	Zip Code 52742	Transaction ID: SA11A1.7207				
	FEC ID number of contributing federal political committee.	C	52/42	Amount of Each Receipt this Period 25.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation		Payroll deduction of \$25 per pay				
	Receipt For:	Presiden	t e Year-to-Date ▼	_				
	Primary General Other (specify) ▼		575.00	]				
s	UBTOTAL of Receipts This Page (optional)			75.00				
Т	TOTAL This Period (last page this line number only)							

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 60 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Ourimary Page	13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\sum$	NAME OF COMMITTEE (In Full)						
$\geq$	MOTORISTS MUTUAL INSURANCE C						
Α.	Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack			Date of Receipt			
	Mailing Address 1025 8th Street			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: SA11A1.7068			
	DeWitt	IA	52742	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Iowa Mutual Ins. Co.	Occupation President		Payroll deduction of \$25 per pay			
	Receipt For:		Year-to-Date ▼	_			
	Primary General			1			
	Other (specify)	0 0	600.00				
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt			
	Mailing Address 1025 8th Street	M M         /         D D         /         Y Y         Y Y         Y					
	City	State	Zip Code	Transaction ID: SA11A1.7069			
	DeWitt	IA	52742	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Iowa Mutual Ins. Co.	Occupation President		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>			
	Receipt For:	Aggregate	e Year-to-Date V				
	Primary General		625.00	1			
	Other (specify)	0 0					
C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt			
	Mailing Address 1025 8th Street			0 6 1 5 Y Y Y Y Y 0 7 0 7 0 7 0 7 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7276			
	DeWitt	IA	52742	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Iowa Mutual Ins. Co.	Occupation President		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>			
	Receipt For:		e Year-to-Date ▼	1			
	Primary General		650.00	1			
	Other (specify)						
s	UBTOTAL of Receipts This Page (optional)			75.00			
Т	OTAL This Period (last page this line number of	nly)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19/60						
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
An   or	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)									
$\rangle$	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND							
Á.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt								
	Mailing Address 1025 8th Street			M         M         /         D         D         /         Y						
	City	State	Zip Code	Transaction ID: SA11A1.7363						
	DeWitt	IA	52742	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer Iowa Mutual Ins. Co.	Occupation President		Payroll deduction of \$25 per pay						
	Receipt For:		Year-to-Date ▼	_						
	Primary General	33 - 3								
	Other (specify) <b>v</b>	0 0	675.00							
В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt						
	Mailing Address 5729 Superior Avenue			06 / 29 / Y Y Y Y 006 / 29						
	City	State	Zip Code	Transaction ID: SA11A1.7368						
	Sheboygan	WI	53083	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. A	n Administration	Payroll deduction of \$25 per pay						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼	U U U	225.00	]						
<u></u>	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt						
	Mailing Address 7925 Greenside Lane			04 06 2007						
	City	State	Zip Code	Transaction ID: SA11A1.6950						
	Worthington	OH	43235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice I	n President, CIO	Payroll deduction of \$30 per pay						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼	]								
				80.00						
	UBTOTAL of Receipts This Page (optional)									
т	TOTAL This Period (last page this line number only)									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 60						
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12						
			Detailed Summary Page							
	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)									
	MOTORISTS MUTUAL INSURANCE CO									
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt						
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y 04 20 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7023						
	Worthington	OH	43235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Motorists Mutual Insurance	Occupation	n	<ul> <li>Payroll deduction of \$30 per pay</li> </ul>						
	Company		President, CIO							
	Receipt For:	Aggregate	e Year-to-Date ▼	_						
	Other (specify)	0 0	240.00	]						
В.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt						
	Mailing Address 7925 Greenside Lane	M M / D D / Y Y Y Y 05 04 2007								
	City	State	Zip Code	Transaction ID: SA11A1.7238						
	Worthington	OH	43235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Motorists Mutual Insurance	Occupation		<ul> <li>Payroll deduction of \$30 per pay</li> </ul>						
	Company		President, CIO							
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-						
	Other (specify)	0 0	270.00							
<u></u>	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt						
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y 05 18 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7139						
	Worthington	OH	43235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$30 per pay						
	Company Receipt For:	-	President, CIO	_						
	Primary General	riggi egaie		1						
	Other (specify)	300.00								
s	UBTOTAL of Receipts This Page (optional)			90.00						
Т	OTAL This Period (last page this line number or	nly)	TOTAL This Period (last page this line number only)							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 60			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page				
	ny information copied from such Reports and Sta for commercial purposes, other than using the n						
$\sum$	NAME OF COMMITTEE (In Full)						
	MOTORISTS MUTUAL INSURANCE CO						
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt			
	Mailing Address 7925 Greenside Lane			0 6 / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7140			
	Worthington	OH	43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Motorists Mutual Insurance	Occupation	n	Payroll deduction of \$30 per pay			
	Motorists Mutual Insurance Company	Sr. Vice I	President, CIO				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼		330.00				
	Full Name (Last, First, Middle Initial)			-			
В.	David L. Kaufman			Date of Receipt			
	Mailing Address 7925 Greenside Lane	06 / 15 / Y Y Y Y 02007					
	City	State	Zip Code	Transaction ID: SA11A1.7312			
	Worthington	OH	43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer	Occupation	n	<ul> <li>Payroll deduction of \$30 per pay</li> </ul>			
	Motorists Mutuál Insurance Company		President, CIO				
	Receipt For:	Aggregate	e Year-to-Date ▼	_			
	Other (specify) ▼		360.00				
		0 0		1			
C.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt			
	Mailing Address 7925 Greenside Lane			06 / 29 / Y Y Y Y 0 29 / 2007			
	City	State	Zip Code	Transaction ID: SA11A1.7395			
	Worthington	OH	43235	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer Motorists Mutual Insurance	Occupation		<ul> <li>Payroll deduction of \$30 per pay</li> </ul>			
	Company	-	President, CIO				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	390.00				
6	UBTOTAL of Receipts This Page (optional)			90.00			
P	UDIVIAL OF NECERDIS THIS Page (optional)						
т	OTAL This Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/60			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page				
	y information copied from such Reports and Sta for commercial purposes, other than using the r			pn for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
$\rangle$	MOTORISTS MUTUAL INSURANCE C						
Α.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt			
	Mailing Address 3910 Caswell Road			0 6 / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7143			
	Johnstown	OH	43031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction of \$20 per pay			
	Motorists Mutual Insurance Company	Vice Pres	sident				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)		220.00	]			
в.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt			
	Mailing Address 3910 Caswell Road	06 15 YYYYY 02007					
	City	State	Zip Code	Transaction ID: SA11A1.7313			
	Johnstown	OH	43031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Motorists Mutual Insurance	Occupation Vice Pres		Payroll deduction of \$20 per pay			
	Company Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) <b>v</b>		240.00	]			
	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt			
0.	Mailing Address 3910 Caswell Road			0 6 2 9 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7396			
	Johnstown	OH	43031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$20 per pay			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) <b>▼</b>	U U U	260.00	]			
s	I UBTOTAL of Receipts This Page (optional)			60.00			
T	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 23 / 60       (check only one)     11a       X     11a       11b     11c       12					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO							
<u>/</u> A.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt				
	Mailing Address 6934 Roundwood Ct.			05 04 Y Y Y Y 2007				
	City	State	Zip Code	Transaction ID: SA11A1.7240				
	Dublin	ОН	43016	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$25 per pay				
	pany Receipt For:		Year-to-Date V	_				
	Primary General Other (specify) ▼	0 0	225.00	]				
в.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt				
	Mailing Address 6934 Roundwood Ct.			05 18 Y Y Y Y 020 7				
	City	State	Zip Code	Transaction ID: SA11A1.7144				
	Dublin	OH	43016	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Motorists Mutual Ins. Com-	Occupation		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>				
	pany Receipt For:	Aggregate	Year-to-Date V					
	Primary     General       Other (specify) ▼	0 0	250.00	]				
<u></u>	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt				
	Mailing Address 6934 Roundwood Ct.			M M / D D / Y Y Y Y 0 6 0 1 2 0 0 7				
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11A1.7145 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice Pres		Payroll deduction of \$25 per pay				
	pany Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 275.00	]				
s	UBTOTAL of Receipts This Page (optional)			75.00				
Т	TOTAL This Period (last page this line number only)							

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/60			
			or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c	12	_	
				13 14 15	16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
$\left  \right $	NAME OF COMMITTEE (In Full)						
$\langle$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt			
	Mailing Address 6934 Roundwood Ct.	06 / D D / Y					
	City	State	Zip Code	Transaction ID: SA11A1	.7314		
	Dublin	OH	43016	Amount of Each Receipt th	his Period		
	FEC ID number of contributing federal political committee.	C			25.00	)	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>	D		
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General	1	300.00				
	Other (specify)	0 0					
В.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt			
	Mailing Address 6934 Roundwood Ct.	M         M         /         D         D         Y					
	City	State	Zip Code	Transaction ID: SA11A1.7397			
	Dublin	OH	43016	Amount of Each Receipt th	his Period		
	FEC ID number of contributing federal political committee.	C			25.00	)	
	Name of Employer	Occupation	2	Payroll deduction of \$2	5		
	Motorists Mutual Ins. Com-	Vice Pres		per pay			
	pany Receipt For:		Year-to-Date V	_			
	Primary General						
	Other (specify)	0 0	325.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Robert D. Lambert			Date of Receipt			
	Mailing Address 3 Gingerwood Lane			M M / D D / Y Y Y Y 02 15 2007			
	City	State	Zip Code	Transaction ID: SA11A1	.6716		
	Bettendorf	IA	52722	Amount of Each Receipt th	his Period		
	FEC ID number of contributing federal political committee.	C			550.00	)	
	Name of Employer Iowa Mutual Ins. Co.	Occupation	1	Cash Contribution			
	Iowa Mutual Inś. Co.	Director					
	Receipt For:		Year-to-Date <b>V</b>	1			
	Primary General						
	Other (specify)		550.00				
					600.00		
	UBTOTAL of Receipts This Page (optional)		······				

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

FEC Schedule A ( Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 25 / 60         (check only one)       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND	
<u>/</u>	Full Name (Last, First, Middle Initial) Mr. David W. Lemon			Date of Receipt
	Mailing Address 345 Southshore Drive			03 / 21 / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11A1.6847
	Greenback	TN	37742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Hardware Mutual	Occupation	n	Cash donalion
	Ins. Receipt For:	Director Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		500.00	]
в.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt
	Mailing Address 4848 St. Medan Drive			0 4 / D D / Y Y Y Y 0 4 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.7032
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation		<ul> <li>Payroll deduction of \$27 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.00	]
<u></u>	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt
	Mailing Address 4848 St. Medan Drive			M M / D D / Y Y Y Y 05 04 2007
	City	State	Zip Code	Transaction ID: SA11A1.7246
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation		<ul> <li>Payroll deduction of \$27 per pay</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.00	]
s	UBTOTAL of Receipts This Page (optional)			554.00
Т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 60 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\geq$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt		
	Mailing Address 4848 St. Medan Drive			05 18 Y Y Y Y 05 18 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7156		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		27.00		
	Name of Employer Motorists Mutual Insurance	Occupatio		<ul> <li>Payroll deduction of \$27 per pay</li> </ul>		
	<u>Co.</u>	Vice Pres				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	270.00			
в.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt		
	Mailing Address 4848 St. Medan Drive			0 6 / D D / Y Y Y Y 0 6 0 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7157		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		27.00		
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice Pres		<ul> <li>Payroll deduction of \$27 per pay</li> </ul>		
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify)	0 0	297.00	]		
<u></u>	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt		
	Mailing Address 4848 St. Medan Drive			M M / D D / Y Y Y Y 06 15 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7320		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		27.00		
	Name of Employer Motorists Mutual Insurance Co.	Occupation Vice Pres		Payroll deduction of \$27 per pay		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1		
	Other (specify)		324.00			
s	UBTOTAL of Receipts This Page (optional)			81.00		
Т	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 27 / 60 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\geq$	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt
	Mailing Address 4848 St. Medan Drive			06 29 Y Y Y Y 06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.7403
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$27 per pay
	Co. Receipt For:		e Year-to-Date V	
	Primary General Other (specify) <b>▼</b>	0 0	351.00	]
в.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.7422
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP &	n Chief Operating Officer	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify)	0 0	225.00	]
<u></u>	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge Co	urt		M M / D D / Y Y Y Y 06 15 2007
	City	State	Zip Code	Transaction ID: SA11A1.7287
	Manitowoc	WI	54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)			97.00
т	OTAL This Period (last page this line number o	nly)		

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 60
	· · · ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
۸	winformation conied from such Departs and Ot	atomonto ma	, not be cold or used by any	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND	
́А.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge Co	urt		M M / D D / Y Y Y Y 06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.7373
	Manitowoc	WI	54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	<ul> <li>Payroll deduction of \$45 per pay</li> </ul>
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) <b>▼</b>		270.00	
				4
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			M M / D D / Y Y Y Y 03 09 2007
	City	State	Zip Code	Transaction ID: SA11A1.6761
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupatio		<ul> <li>Payroll deduction of \$50 per pay</li> </ul>
	Company Receipt For:	Secretary	Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	220.00	
<u></u>	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			M M / D D / Y Y Y Y 0 3 2 3 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6884
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupatio		<ul> <li>Payroll deduction of \$50 per pay</li> </ul>
	Company Receipt For:	Secretary	/ e Year-to-Date ▼	-1
	Primary General	Aggregate		1
	Other (specify)	0 0	270.00	
s	UBTOTAL of Receipts This Page (optional)			145.00
$\vdash$				-

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

FEC Schedule A ( Form 3X) Rev. 02/2003

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 29 / 60           (check only one)         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions
$\left \right $	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (		
$\angle$	Full Name (Last, First, Middle Initial)			
Α.	Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			04 <sup>//</sup> 06 <sup>//</sup> 2007
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11A1.6960
	FEC ID number of contributing	C	43065	Amount of Each Receipt this Period
	federal political committee.			Payroll deduction of \$50
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	320.00	]
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			M M / D D / Y Y Y Y 04 20 2007
	City	State	Zip Code	Transaction ID: SA11A1.7034
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation Secretary		Payroll deduction of \$50 per pay
	Company Receipt For:	-	e Year-to-Date V	
	Primary   General     Other (specify)   Image: Contract of the specify in the specify in the specify in the specify in the specific	0 0	370.00	]
<u></u>	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			M M / D D / Y Y Y Y 05 04 2007
	City	State	Zip Code	Transaction ID: SA11A1.7248
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation Secretary		Payroll deduction of \$50 per day
	Company Receipt For:		e Year-to-Date V	7
	Other (specify)	0 0	420.00	]
s	UBTOTAL of Receipts This Page (optional)		·····	150.00
	OTAL This Period (last page this line number or			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 60
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\rangle$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			05 <sup>1</sup> 18 <sup>2</sup> 2007
	City	State	Zip Code	Transaction ID: SA11A1.7160
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation	า	<ul> <li>Payroll deduction of \$50 per pay</li> </ul>
	Company	Secretary		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		470.00	
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			0 6 0 1 Y Y Y Y Y 0 6 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.7161
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation Secretary		Payroll deduction of \$50 per pay
	Company Receipt For:		Year-to-Date 🔻	
	Primary General Other (specify) ▼		520.00	]
 C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			M M / D D / Y Y Y Y 06 15 2007
	City	State	Zip Code	Transaction ID: SA11A1.7322
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation Secretary		Payroll deduction of \$50 per pay
	Company Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		570.00	]
s	UBTOTAL of Receipts This Page (optional)			150.00
	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 60 (check only one)
			or each category of the Detailed Summary Page	X 11a 11b 11c 12
<b>—</b>			, , ,	13 14 15 16 17
Ar   or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\geq$	MOTORISTS MUTUAL INSURANCE C	OMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.7405
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupatio	n	Payroll deduction of \$50
	Company	Secretary		
	Receipt For:	Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	620.00	
в.	Full Name (Last, First, Middle Initial) Mr. James J Owen			Date of Receipt
	Mailing Address 1312 Springbrook Lane			02 D D / Y Y Y Y 20 2007
	City	State	Zip Code	Transaction ID: SA11A1.6718
	DeWitt	IA	52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	n	Cash Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00	]
<u>с.</u>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenue	9		05 04 2007
	City	State	Zip Code	Transaction ID: SA11A1.7254
	Worthington	ОН	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	225.00	]
s	L UBTOTAL of Receipts This Page (optional)		······	575.00
	OTAL This Period (last page this line number of		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 32 / 60           (check only one)         11a         11b         11c         12           13         14         15         16         17	
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)				
$\geq$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue			05 18 Y Y Y Y 005 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7170	
	Worthington	OH	43085	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$25 per pay	
	pany Receipt For:		Year-to-Date V	_	
	Primary General Other (specify) ▼	0 0	250.00	]	
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue	0 6 0 1 Y Y Y Y 0 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7171	
	Worthington	ОН	43085	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer Motorists Mutual Ins. Com-	Occupation		Payroll deduction of \$25 per pay	
	pany Receipt For:		Year-to-Date V		
	Primary     General       Other (specify) ▼	0 0	275.00	]	
 C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue			0 6 / D D / Y Y Y Y Y 0 6 1 5 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.7327	
	Worthington FEC ID number of contributing	OH	43085	Amount of Each Receipt this Period	
	federal political committee.			Payroll deduction of \$25	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		per pay	
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>		
	Other (specify)	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)			75.00	
T	OTAL This Period (last page this line number on	ıly)	· · · · · · · · · · · · · · · · · · ·		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 60		
			or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions		
Ν	NAME OF COMMITTEE (In Full)					
$\mathbb{Z}$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (				
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt		
	Mailing Address 1026 Loch Ness Avenue			0 6 2 9 Y Y Y Y 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7410		
	Worthington	OH	43085	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	325.00	]		
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt		
	Mailing Address 1252 Pond Hollow Lane			05 04 Y Y Y Y 05 04 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7255		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction of \$25 per pay		
	Company	Vice Pres				
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>			
	Other (specify) ▼	0 0	225.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt		
	Mailing Address 1252 Pond Hollow Lane	05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>				
	City	State	Zip Code	Transaction ID: SA11A1.7173		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
			Year-to-Date <b>V</b>			
	Other (specify) ▼	0 0	250.00	]		
s	UBTOTAL of Receipts This Page (optional)			75.00		
Т	OTAL This Period (last page this line number on	ıly)				

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left \right>$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lane	Date of Receipt		
				06 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.7174
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$25 per pay
	Company	Vice Pres		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	275.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow Lane	0 6 1 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7328
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$25 per pay
	Company	Vice Pres		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	1
		0 0		1
C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow Lane			06 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City	State	Zip Code	Transaction ID: SA11A1.7411
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pres	sident	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	325.00	]
s	UBTOTAL of Receipts This Page (optional)			75.00
Т	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	temente ma	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 35 / 60           (check only one)         11a         11b         11c         12           13         14         15         16         17           no for the purpose of soliciting contributions         10         17
	for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place	•		0 2 / 0 9 / Y Y Y Y 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6695
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio	n	Annual cash donation
	Receipt For:	Director	e Year-to-Date V	
	Primary General	Ayyreyall		1
	Other (specify) <b>v</b>	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y 05 04 2007
	City	State	Zip Code	Transaction ID: SA11A1.7257
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$25 per pay
	Company Receipt For:		ice President e Year-to-Date ▼	
	Primary General	, iggi oguit		1
	Other (specify)	0 0	225.00	
с.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			0 5 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.7177
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio	n ice President	Payroll deduction of \$25 per pay
	Company Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		250.00	]
s	UBTOTAL of Receipts This Page (optional)		<b>`</b>	1050.00
	OTAL This Period (last page this line number of			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 36 / 60           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			0 6 0 1 Y Y Y Y 0 2 0 0 7
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11A1.7178
	FEC ID number of contributing federal political committee.	C	43034	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)		n ice President e Year-to-Date ▼ 275.00	Payroll deduction of \$25 per pay
в.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			0 6 / D D / Y Y Y Y 0 6 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.7330
	New Albany FEC ID number of contributing federal political committee.	ОН	43054	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)		n ice President e Year-to-Date ▼ 300.00	Payroll deduction of \$25 per pay
<u></u>	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y 06 29 2007
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11A1.7413
	FEC ID number of contributing federal political committee.	C	43034	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼		n ice President ∋ Year-to-Date ▼ 325.00	Payroll deduction of \$25 per pay
s	UBTOTAL of Receipts This Page (optional)			75.00
т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 60 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
Δr	y information copied from such Reports and Sta	itements may	y not be sold or used by any perso	13 14 15 16 17		
	for commercial purposes, other than using the n					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO					
$\square$	MOTORISTS MOTOAL INSURANCE C					
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt				
	Mailing Address 8816 Cooks Hill Road			05 04 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7258		
	Glenford	OH	43739	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance	Occupation	n	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Company	Vice Pres				
	Receipt For:		e Year-to-Date V			
	Other (specify) ▼	0 0	225.00			
в.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt		
	Mailing Address 8816 Cooks Hill Road			05 18 Y Y Y Y 05 18 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7179		
	Glenford	OH	43739	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Oc Motorists Mutual Insurance			Payroll deduction of \$25 per pay		
	Company Receipt For:	Vice Pres	e Year-to-Date V			
	Primary General	, iggi ogaio		1		
	Other (specify) <b>v</b>		250.00			
с.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt		
	Mailing Address 8816 Cooks Hill Road			0 6 0 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7180		
	Glenford	OH	43739	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$25 per pay		
	Company		e Year-to-Date V			
	Primary General	Aggregate		1		
	Other (specify)	0 0	275.00			
s	UBTOTAL of Receipts This Page (optional)		······	75.00		
Т	OTAL This Period (last page this line number or	nly)				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 38 / 60         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt
	Mailing Address 8816 Cooks Hill Road			0 6 / 1 5 / Y Y Y Y 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.7331
	Glenford	OH	43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio		<ul> <li>Payroll deduction of \$25 per pay</li> </ul>
	Company Receipt For:	Vice Pres	sident e Year-to-Date V	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt
	Mailing Address 8816 Cooks Hill Road			M M / D D / Y Y Y Y 06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.7414
	Glenford	OH	43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$25 per pay
	Company Receipt For:	Vice Pres	e Year-to-Date V	_
	Primary General Other (specify) ▼	Aggregate	325.00	]
	Full Name (Last, First, Middle Initial) Mr. Burtis G. Taylor			Date of Receipt
2.	Mailing Address 4322 North Course Lane	)		M M / D D / Y Y Y Y
	City	State	Zip Code	0 2 2 3 2 0 0 7 Transaction ID: SA11A1.6702
	Avon Park	FL	33825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Hardware Mutual Ins.	Occupation Director	n	Cash Contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	]
s	UBTOTAL of Receipts This Page (optional)			550.00
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 60	
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)				
$\rangle$	MOTORISTS MUTUAL INSURANCE C				
,́А.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt	
	Mailing Address 3264 Arctic Avenue			05 / D D / Y Y Y Y 04 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7259	
	Lewis Center	OH	43035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$25 per pay	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) <b>▼</b>	0 0	225.00	]	
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt	
	Mailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y 05 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7181	
	Lewis Center	OH	43035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer Motorists Mutual Ins. Com- pany		ו . P.	Payroll deduction of \$25 per pay	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		250.00	]	
 C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt	
	Mailing Address 3264 Arctic Avenue			0 6 / 0 1 / Y Y Y Y 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.7182	
	Lewis Center	OH	43035	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	275.00	]	
s	I UBTOTAL of Receipts This Page (optional)			75.00	
Т	OTAL This Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 60			
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)						
$\rangle$	MOTORISTS MUTUAL INSURANCE C						
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt			
	Mailing Address 3264 Arctic Avenue			0 6 / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.7332			
	Lewis Center	OH	43035	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction of \$25 per pay			
	pany Receipt For:		e Year-to-Date ▼	_			
	Primary General Other (specify) <b>▼</b>		300.00	1			
				-			
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt			
	Mailing Address 3264 Arctic Avenue			0 6 / 2 9 / Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.7415			
	Lewis Center	OH	43035	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Motorists Mutual Ins. Com- pany Assi			Payroll deduction of \$25 per pay			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		325.00				
		0 0	0 0 0 0 0 0 0 0				
C.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt			
	Mailing Address 919 Byron Avenue			M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y			
	City	State	Zip Code	Transaction ID: SA11A1.6895			
	Columbus	OH	43227	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		35.00			
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$35 per pay			
	Company		e Year-to-Date V	_			
	Primary General	riggrogaio		-			
	Other (specify)	0 0	210.00				
s	UBTOTAL of Receipts This Page (optional)			85.00			
⊢	OTAL This Period (last page this line number of						

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	atements may	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $41/60$ (check only one)X11a1314151617pp for the purpose of soliciting contributions
or for	AME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	
<b>Α.</b> <u>Ja</u> Μ	ull Name (Last, First, Middle Initial) ames E. Vermillion lailing Address 919 Byron Avenue ity Columbus	State OH	Zip Code 43227	Date of Receipt
fe N N C	EC ID number of contributing deral political committee. ame of Employer lotorists Mutual Insurance company eccipt For: Primary General Other (specify) ▼	C Occupatio Vice Pres Aggregate		35.00 Payroll deduction of \$35 per pay
B. Ja M C C C Fl fe M M C	ull Name (Last, First, Middle Initial) ames E. Vermillion lailing Address 919 Byron Avenue ity Columbus EC ID number of contributing ederal political committee. ame of Employer lotorists Mutual Insurance company eccipt For: Primary General Other (specify) ▼	State OH C Occupatio Vice Pres Aggregate		Date of Receipt M M / 20 / 2007 Transaction ID: SA11A1.7045 Amount of Each Receipt this Period 35.00 Payroll deduction of \$35 per pay
C. Ja M C C C Fl fe M C	ull Name (Last, First, Middle Initial)         ames E. Vermillion         lailing Address       919 Byron Avenue         ity         Columbus         EC ID number of contributing ederal political committee.         ame of Employer lotorists Mutual Insurance company         eccipt For:         Primary       General         Other (specify) ▼	State OH C Occupatio Vice Pres Aggregate		Date of Receipt Date of Receipt 05 04 2007 Transaction ID: SA11A1.7260 Amount of Each Receipt this Period 35.00 Payroll deduction of \$35 per pay
	BTOTAL of Receipts This Page (optional)			105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 42 / 60 (check only one) X 11a 11b 11c 12	
Ar	y information copied from such Reports and St	atements may	Detailed Summary Page		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND		
<u>/</u> .	Full Name (Last, First, Middle Initial) James E. Vermillion	Date of Receipt			
	Mailing Address 919 Byron Avenue			05 18 Y Y Y Y 05 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7183	
	Columbus	OH	43227	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		35.00	
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$35 per pay	
	Company Receipt For:	Vice Pres	sident e Year-to-Date V		
	Primary General	Aggregate		1	
	Other (specify) 🔻	0 0	350.00		
В.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt	
	Mailing Address 919 Byron Avenue			0 6 0 1 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.7184	
	Columbus	ОН	43227	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		35.00	
	Name of Employer Motorists Mutual Insurance	Occupation		<ul> <li>Payroll deduction of \$35 per pay</li> </ul>	
	Company Receipt For:	Vice Pres	sident e Year-to-Date V		
	Primary General	Ayyreyale		1	
	Other (specify)	0 0	385.00		
с.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt	
	Mailing Address 919 Byron Avenue			06 15 2007	
	City	State	Zip Code	Transaction ID: SA11A1.7333	
	Columbus	OH	43227	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		35.00	
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$35 per pay	
	Company Receipt For:		e Year-to-Date V	_	
	Primary General		420.00	1	
	Other (specify) <b>v</b>	0 0		J	
s	UBTOTAL of Receipts This Page (optional)			105.00	
т	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 60				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\sum$	NAME OF COMMITTEE (In Full)							
	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt				
	Mailing Address 919 Byron Avenue			M M         /         D D         /         Y Y         Y Y         Y				
	City	State	Zip Code	Transaction ID: SA11A1.7416				
	<u>Columbus</u> C		43227	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		35.00				
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$35 per pay				
	Company Receipt For:		e Year-to-Date V	_				
				1				
	Other (specify)	0 0	455.00					
в.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt				
	Mailing Address 3249 Scioto Run Blvd.			M M         /         D D         /         Y Y         Y Y         Y				
	City		Zip Code	Transaction ID: SA11A1.7261				
	Hilliard	OH	43026	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			25.00				
	Name of Employer Motorists Mutual Insurance	Occupation	n	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>				
	Company	Vice Pres						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Other (specify)		225.00	]				
<u> </u>	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt				
	Mailing Address 3249 Scioto Run Blvd.			05 18 2007				
	City	State	Zip Code	Transaction ID: SA11A1.7185				
	Hilliard	ОН	43026	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Motorists Mutual Insurance	Occupation Vice Pres		Payroll deduction of \$25 per pay				
	Company		e Year-to-Date V					
				1				
	Other (specify)	0 0	250.00					
s	UBTOTAL of Receipts This Page (optional)			85.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 60 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10$		
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions		
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)					
$\rangle$	MOTORISTS MUTUAL INSURANCE CO	OMPANY (	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Richard J. Walton	Date of Receipt				
	Mailing Address 3249 Scioto Run Blvd.			0 6 / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7186		
	Hilliard	OH	43026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance	Occupation	n	<ul> <li>Payroll deduction of \$25 per pay</li> </ul>		
	Company Receipt For:		sident			
			e Year-to-Date V			
	Other (specify) ▼	0 0	275.00			
в.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt		
	Mailing Address 3249 Scioto Run Blvd.			06 15 Y Y Y Y Y 02007		
	City	State	Zip Code	Transaction ID: SA11A1.7334		
	Hilliard	OH	43026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Occ Motorists Mutual Insurance Via		n sident	Payroll deduction of \$25 per pay		
	Company Receipt For:	1	e Year-to-Date V	_		
	Primary General Other (specify)		300.00			
		0 0	0 0 0 0 0 0 0	1		
с.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt		
	Mailing Address 3249 Scioto Run Blvd.			M M / D D / Y Y Y Y 06 29 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7417		
	Hilliard	OH	43026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$25 per pay		
	Company		e Year-to-Date V	-		
				1		
	Other (specify)	0 0	325.00			
s	UBTOTAL of Receipts This Page (optional)			75.00		
Т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 60 (check only one)		
IT	EMIZED RECEIPTS		or each category of the			
			Detailed Summary Page			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\sum$	NAME OF COMMITTEE (In Full)					
$\rangle$	MOTORISTS MUTUAL INSURANCE CO					
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt		
	Mailing Address 7105 Lakebrook Blvd.			0 6 / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7188		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Motorists Mutual Insurance	Occupatio	n	<ul> <li>Payroll deduction of \$20 per pay</li> </ul>		
	Company	Vice Pres	sident			
	Receipt For:		e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	220.00	]		
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt		
	Mailing Address 7105 Lakebrook Blvd.			06 15 Y Y Y Y Y 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7335		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer C Motorists Mutual Insurance		n sident	Payroll deduction of \$20 per pay		
	Company Receipt For:		e Year-to-Date V			
	Primary General Other (specify) ▼	· · ·	240.00	]		
<u> </u>	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt		
	Mailing Address 7105 Lakebrook Blvd.			0 6 2 9 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.7418		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$20 per pay		
	Company		e Year-to-Date V			
	Primary General Other (specify) ▼		260.00	]		
s	UBTOTAL of Receipts This Page (optional)			60.00		
	OTAL This Period (last page this line number of		-			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 60
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	MOTORISTS MUTUAL INSURANCE CO			
<u>́А.</u>	Full Name (Last, First, Middle Initial) Garry L. Wharton			Date of Receipt
	Mailing Address 9024 Wildlife Loop			0 2 / 1 6 / Y Y Y Y 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6699
	Sarasota	FL	34238-4004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	n	<ul> <li>Annual cash donation</li> </ul>
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify)		500.00	1
		0 0	0 0 0 0 0 0 0	1
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive W			04 06 Y Y Y Y Y 02007
	City	State	Zip Code	Transaction ID: SA11A1.6975
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Or Motorists Mutual Insurance		n ice President	Payroll deduction of \$30 per pay
	Company Receipt For:		e Year-to-Date V	_
	Primary General	riggrogate		1
	Other (specify)	0 0	210.00	
с.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive W	-		04 20 YYYYY 020 2007
	City	State	Zip Code	Transaction ID: SA11A1.7048
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupation Senior Vi	n ice President	Payroll deduction of \$30 per pay
<u>Company</u> Receipt For:			e Year-to-Date ▼	_
	Primary General		040.00	1
	Other (specify)	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)			560.00
Т	OTAL This Period (last page this line number or	nly)		

TEMIZED RECEIPTS	or each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any per ame and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	MPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
Mailing Address 5519 Medallion Drive W.		05 <sup>//</sup> 04 <sup>/</sup> 2007
City Westerville	State Zip Code OH 43082	Transaction ID: SA11A1.7263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer         Motorists Mutual Insurance         Company         Receipt For:         Primary       General         Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 270.00	Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.		Date of Receipt
City Westerville	State Zip Code OH 43082	0 5     1 8     2 0 0 7       Transaction ID: SA11A1.7189       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
Mailing Address 5519 Medallion Drive W.		0 6 / D D / Y Y Y Y Y 0 6 0 1 2 0 0 7
City Westerville	State Zip Code OH 43082	Transaction ID: SA11A1.7190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Senior Vice President Aggregate Year-to-Date ▼	Payroll deduction of \$30 per pay
Primary General Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional)		▶ 90.00

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

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 48/60		
	•	Use separate schedule(s) or each category of the		(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\sum$	NAME OF COMMITTEE (In Full)					
	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND			
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt				
	Mailing Address 5519 Medallion Drive W			M         M         /         D         D         /         Y		
	City	State	Zip Code	Transaction ID: SA11A1.7336		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior V	n ice President	<ul> <li>Payroll deduction of \$30 per pay</li> </ul>		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		360.00	1		
	Other (specify)	0 0	360.00			
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt		
	Mailing Address 5519 Medallion Drive W			06 / 29 / Y Y Y Y 076 / 29 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.7419		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer	Occupatio	n	<ul> <li>Payroll deduction of \$30</li> </ul>		
	Motorists Mutuál Insurance		ice President	per pay		
	Company Receipt For:		e Year-to-Date V			
	Primary General			1		
	Other (specify)	0 0	390.00			
с.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt		
	Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y 03 23 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6900		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		35.00		
	Name of Employer Motorists Mutual Insurance	Occupation Treasure		Payroll deduction of \$35 per pay		
	Company Receipt For:		Year-to-Date ▼	-1		
	Primary General	, .ggi ogale		1		
	Other (specify)	0 0	210.00			
Γ				95.00		
s	<b>UBTOTAL</b> of Receipts This Page (optional)		•••••			

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

FEC Schedule A ( Form 3X) Rev. 02/2003

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 60 (check only one)										
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $										
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full)													
$\mathbb{Z}$	MOTORISTS MUTUAL INSURANCE C	OMPANY (												
A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			M         M         /         D         D         /         Y										
	City	State	Zip Code	Transaction ID: SA11A1.6977										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance	Occupation		<ul> <li>Payroll deduction of \$35 per pay</li> </ul>										
	Company Receipt For:	Treasure	e Year-to-Date ▼											
	Primary General	Ayyreyale		1										
	Other (specify)	0 0	245.00	]										
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			04 20 2007										
	City	State	Zip Code	Transaction ID: SA11A1.7050										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$35 per pay										
	Company Receipt For:	Treasure Aggregate	e Year-to-Date V	_										
	Primary General	riggrogaio		1										
	Other (specify) <b>v</b>	0 0	280.00											
с.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y 05 04 2007										
	City	State	Zip Code	Transaction ID: SA11A1.7268										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance	Occupation		<ul> <li>Payroll deduction of \$35 per pay</li> </ul>										
	Company	Treasure	e Year-to-Date ▼											
	Receipt For: Primary General	Ayyreyate	315.00	1										
	Other (specify)	0 0												
s	LUBTOTAL of Receipts This Page (optional)			105.00										
	OTAL This Period (last page this line number of													

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 60 (check only one)										
IT	EMIZED RECEIPTS		or each category of the											
			Detailed Summary Page											
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full)													
$\rangle$	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			05 / D D / Y Y Y Y 05 / 18 / 2007										
	City	State	Zip Code	Transaction ID: SA11A1.7193										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance	Occupation	า	<ul> <li>Payroll deduction of \$35 per pay</li> </ul>										
	Company	Treasure												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		350.00											
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			0 6 0 1 Y Y Y Y Y 0 6 0 1 2 0 0 7										
	City	State	Zip Code	Transaction ID: SA11A1.7194										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasure		Payroll deduction of \$35 per pay										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼	0 0	385.00	]										
<u> </u>	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt										
	Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y 06 15 2007										
	City	State	Zip Code	Transaction ID: SA11A1.7338										
	Powell	OH	43065	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer Motorists Mutual Insurance	Occupation Treasure		Payroll deduction of \$35 per pay										
	Company Receipt For:		r e Year-to-Date ▼											
	Primary General	, iggi oguto		1										
	Other (specify)	0 0	420.00											
s	UBTOTAL of Receipts This Page (optional)			105.00										
Т	OTAL This Period (last page this line number of	nly)	· · · · · · · · · · · · · · · · · · ·											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 51 / 60           (check only one)         11a         11b         11c         12           X         11a         114         15         16         17						
	tatements may not be sold or used by any person name and address of any political committee to s							
Full Name (Last, First, Middle Initial)         Michael L. Wiseman         Mailing Address       90 Timberknoll Loop         City         Powell	State Zip Code OH 43065	Date of Receipt 0 6 2 9 2 0 0 7 Transaction ID: SA11A1.7421 Amount of Each Beceipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance <u>Company</u> Receipt For: Primary General Other (specify) ▼	C Occupation Treasurer Aggregate Year-to-Date ▼ 455.00	Amount of Each Receipt this Period 35.00 Payroll deduction of \$35 per pay						

SUBTOTAL of Receipts This Page (optional)	►	35.00
TOTAL This Period (last page this line number only)	►	10981.00

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		INE NUMBER: PAGE 52 /							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30b						
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM										
Α.	Full Name (Last, First, Middle Initial) Batchelder for Representative Mailing Address 105 West Liberty			Transaction ID: SB29.7058 Date of Disbursement $05^{M}$ / $0^{D}$ / $2^{V}$ 2 0 0 7 Y							
		State Zip Code OH 44256		Amount of Each Disbursement this Perio							
	Purpose of Disbursement Campaign contribution Candidate Name Batchelder for Representative		011 Category/ Type		250.00						
	Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	Туре								
в.	Full Name (Last, First, Middle Initial) Citizens for DeWine			Transaction ID: Date of Disburse	ment						
	Mailing Address 506 Crisp Wind Court		03 <sup>M</sup> /1	<b>b</b> / <b>y y y y y y y y y y</b>							
	Fairborn	State Zip Code OH 45324		Amount of Each	Disbursement this Period						
	Purpose of Disbursement Breakfast Fundraiser on 3/21/07 Candidate Name Citizens for DeWine		011 Category/		150.00						
	Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify) <b>V</b>	Туре								
C.	Full Name (Last, First, Middle Initial) Citizens for Hottinger			Transaction ID: Date of Disburse	ment						
	Mailing Address 386 Sabrecutt Drive			03 <sup>M</sup> /2	<sup>D</sup> <sup>7</sup> <sup>2</sup> 0 <sup>0</sup> 7 <sup>°</sup>						
		StateZip CodeOH43055		Amount of Each	Disbursement this Period						
	Purpose of Disbursement Political Contribution		011	L	500.00						
	Candidate Name		Category/ Type								
		ment For: 2008 Primary General Other (specify) ▼									
s	UBTOTAL of Disbursements This Page (optional) .		►		900.00						
т	OTAL This Period (last page this line number only)										

S	CHEDULE B (FEC Form	Use sep	erate schedule(s)	(s) FOR LINE NUMBER: PAGE 53								
IT	EMIZED DISBURSEMEN	ITS	for each	category of the Summary Page	,	(check on 21b	ly one)	23	24	25	26	
<b>—</b>				, ,		27	28a	28b	28c	X 29	30	
	y Information copied from such Reports for commercial purposes, other than us											
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CON	IPANY CI	VIC FUND								
<u> </u>	Full Name (Last, First, Middle Initial)						<b>-</b>		0000 7	050		
Α.	Citizens for Kevin Bacon						Date of	Disburs			Y	
	Mailing Address 5325 Ponderos	a Drive					0 5	(	) 1 ′	2 0 Ŏ	7	
	City Columbus		State OH	Zip Code 43231			Amount	of Each	Disburse	ment this		
	Purpose of Disbursement Campaign Contribution									250.	00	
	Candidate Name Citizens for Larry Wolpert	1				ategory/ Type	_					
	Office Sought: X House Senate President		ment For: Primary Other (sp	2008 General ecify) ▼								
	State: OH District: 21											
в.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon							Disburs	SB29.7 ement		Y	
	Mailing Address 5325 Ponderos		0~6		4	2 0 Ŭ	7					
	City Columbus		State OH	Zip Code 43231			Amount	of Each	Disburse	ment this		
	Purpose of Disbursement Campaign Contribution									250.	00	
	Candidate Name Citizens for Kevin Bacon					ategory/ Type						
	Office Sought: X House Senate President		ment For: Primary Other (sp	2008 General ecify) ▼								
	State: OH District: 21											
C.	Full Name (Last, First, Middle Initial) Citizens for Larry Wolpert							Ction ID Disburs	BB29.7 ement		Y	
	Mailing Address 100 South Thir	d Street					0.2	í <u>(</u>	) 1	2 0 Ŭ	7	
	City Columbus		State OH	Zip Code 43215			Amount	of Each	Disburse	ement this		
	Purpose of Disbursement Campaign Contribution									200.	00	
	Candidate Name Citizens for Larry Wolpert					ategory/ Type						
	Office Sought: X House Senate President		ment For: Primary Other (sp	2008 General ecify) ▼								
	State: OH District: 23											
s	UBTOTAL of Disbursements This Pag	e (optional) .				►				700.	00	
Т	OTAL This Period (last page this line n	umber only)				🕨						

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					FOR LINE NUMBER: PAGE 54 / 60 (check only one)									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	eck only 21b	/ one) 22	23	24	25	26						
		Detailed Summary Page			27	28a	28b	28c	X 29	30b						
	Information copied from such Reports and Stateme or commercial purposes, other than using the name															
	NAME OF COMMITTEE (In Full)		COIII	iiiiiiiii	10 50				Johnniee							
$\rangle$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND														
Α.	Full Name (Last, First, Middle Initial)							: SB29.7	344							
Α.	Citizens for McGregor						of Disburs		Y Y Y	Y						
	Mailing Address 172 East State Street					$\begin{array}{c c} & & & \\ \hline \\ \hline$										
	,	State Zip Code OH 43215				Amount of Each Disbursement this Period										
	Purpose of Disbursement			-				250	.00							
	Campaign Contribution Candidate Name			011 atego	· · · · · ·											
	Citizens for McGregor			Туре	-											
		ment For: 2008 Primary General Other (specify) ▼														
	State: OH District: 72															
В.	Full Name (Last, First, Middle Initial) Citizens for Robinson						action ID	: SB29.7	356							
					M			źoó	<b>-</b> <sup>Y</sup>							
	Mailing Address 130 Northridge Road		06		25	200	/									
		State Zip Code OH 43214		Amou	nt of Each	n Disburse	ement this	Period								
	Purpose of Disbursement Campaign Contribution		011					1000	.00							
	Candidate Name		Ca	atego												
	Citizens for Robinson Office Sought: X House Disburser	ment For: 2008		Туре	)											
		Primary General														
	State: OH District: 22	Other (specify)														
	Full Name (Last, First, Middle Initial)					Trana	action ID	: SB29.6	530							
C.	Citizens for Stivers						of Disburs	ement	000							
	Mailing Address 2500 Sherwin Road					0 1	M / D	) <sup>D</sup> <sup>/</sup>	źoò	7 <sup>×</sup>						
		State Zip Code OH 43221				Amou	nt of Each	n Disburse	ement this	Period						
	Purpose of Disbursement Campaign contribution for next election			011	-				1000	.00						
	Candidate Name Citizens for Stivers		Ca	atego Type	ory/											
		ment For: 2008 Primary General Other (specify) ▼														
_	State: OH District: 16	· · · · · ·														
	JBTOTAL of Disbursements This Page (optional)				•		• •	• • •	2250.	00						
T	<b>DTAL</b> This Period (last page this line number only)			•••												

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 55 / 60 (check only one)											
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check	ć		23	24	25	26				
<b>—</b>				27		3a	28b	28c		30b				
	Information copied from such Reports and Statem or commercial purposes, other than using the name													
$\square$	NAME OF COMMITTEE (In Full)													
$\mathbb{Z}$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Citizens for Stivers					Transaction ID: SB29.7057 Date of Disbursement								
	Mailing Address 2500 Sherwin Road													
	,	State Zip Code OH 43221			A	Amount of Each Disbursement this Peri								
	Purpose of Disbursement Campaign contribution		7 L				1000	.00						
	Candidate Name Citizens for Stivers			ategory/ Type										
	XSenateXPresident	ment For: 2008 Primary General Other (specify) ▼												
	State: OH District: 16													
В.	Full Name (Last, First, Middle Initial) Coleman for Columbus				D		Disburs			×				
	Mailing Address 550 East Walnut Street				) <sup>®</sup> 6 <sup>™</sup>	, 0	27	ŶŽÛŎ	7					
	,	State Zip Code OH 43215			A	Amount of Each Disbursement this								
	Purpose of Disbursement Campaign Contribution			011	]  L				1000	.00				
	Candidate Name Coleman for Columbus			ategory/ Type										
	<u> </u>	ment For: 2008 Primary General Other (specify) ▼												
	State: OH District:													
C.	Full Name (Last, First, Middle Initial) Committee for Larry Flowers					ate of	Disburs							
	Mailing Address 14 East Gay Street Second Floor					3	/ D	20	ŶŽÛŎ	7 <sup>×</sup>				
		StateZip CodeOH43215			A	nount	of Eac	h Disburs	ement this					
	Purpose of Disbursement Breakfast fundraiser				]				250	.00				
	Candidate Name Committee for Larry Flowers			ategory/ Type	_									
		ment For: 2008 Primary General Other (specify) ▼												
•						-		• • •	2250	.00				
	JBTOTAL of Disbursements This Page (optional) . OTAL This Period (last page this line number only)				*	• •	• • •							
					- L									

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		E NUMBER: PAGE 56 / 6							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) ] 22   23   24	↓						
			27	28a 28b 28	3c 🗙 29 🗌 30k						
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
Ň	NAME OF COMMITTEE (In Full)										
$\backslash$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial)			Transaction ID: SB29	0.7349						
	Friends of Faber			Date of Disbursement	Y Y Y Y						
	Mailing Address 218 B South Main Street				<sup>Ŷ</sup> <sup>Ŷ</sup> <sup>Ŷ</sup> <sup>Ŷ</sup> <sup>Ŷ</sup> <sup>Ŷ</sup>						
	, , , , , , , , , , , , , , , , , , ,	State Zip Code OH 45822		Amount of Each Disbu	rsement this Period						
	Purpose of Disbursement	UN 40022			300.00						
	Campaign Contribution		011								
	Candidate Name Friends of Faber		Category/ Type								
	° /	ment For: 2008									
	Senate X President	Primary General Other (specify)									
	State: OH District: 77										
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB29	0.7273						
В.	Friends of Jim Raussen			Date of Disbursement							
	Mailing Address 661 Park Avenue		<sup>Y</sup> <sup>Y</sup> 2 0 0 7 <sup>Y</sup>								
	, , , , , , , , , , , , , , , , , , ,	State Zip Code OH 45246		Amount of Each Disbu	rsement this Period						
	Purpose of Disbursement			250.00							
	Political Contribution		011								
	Candidate Name Friends of Jim Raussen		Category/ Type								
	5 <u>X</u>	ment For: 2008									
	Senate X President	Primary General Other (specify)									
	State: OH District: 28										
~	Full Name (Last, First, Middle Initial)			Transaction ID: SB29	0.7353						
0.	Gormley for Judge			Date of Disbursement							
	Mailing Address 6305 Capilano Court				<sup>Ŷ</sup> <sup>Ŷ</sup> 2 0 0 7 <sup>Ŷ</sup>						
		State Zip Code		Amount of Each Disbu	rsement this Period						
	Westerville Purpose of Disbursement	OH 43082			250.00						
	Campaign expenses		007								
	Candidate Name Gormley for Judge		Category/ Type								
	Office Sought: House Disburse	ment For: 2007									
	Senate President	Primary X General									
	State: OH District:	Other (specify)									
	UBTOTAL of Disbursements This Page (optional) .		•		800.00						
$\vdash$	UDITICE OF DISDUISEMENTS THIS Fage (Uptional).		····· ►								
Т	OTAL This Period (last page this line number only)		····· •								
FEC	Schedule B (Form 3X) Rev. 02/2003										

S	CHEDULE B (FEC Form 3X)							IE NUMBER: PAGE 57 / 60									
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the		(c	heck or 21b 27		ne) 22 28a		23 28b	24 280		25 29	26 30b			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name													5			
	NAME OF COMMITTEE (In Full)		any pointour	00111				00111				COMMI	inteo				
$\langle$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC	FUND														
Α.	Full Name (Last, First, Middle Initial)						Transaction ID: SB29.7343 Date of Disbursement										
<b>A</b> .	Husted for Ohio								of Dis M /			Y Y	Y	Y			
	Mailing Address 148 Sherbrooke Drive						$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 6 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 1 \\ 4 \end{array} \begin{array}{c} I \\ 4 \end{array} \begin{array}{c} I \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $										
			Zip Code 45429							Amount of Each Disbursement this Period							
	Purpose of Disbursement		J423	_	-		-					2	500.0	0			
	Campaign Contribution				01	_											
	Candidate Name Husted for Ohio				ateç Typ	jory/ be											
	Office Sought: X House Disburse	ment For:	2008		71												
	Senate X President	Primary Other (specify)	General														
	State: OH District: 37	Other (speeny)	•														
D	Full Name (Last, First, Middle Initial)						-	Trans	actio	on ID:	:SB29.0	6701					
В.	LIFEPAC							Date of Disbursement									
	Mailing Address 100 South Third Street							0 2		ຶ2	2 <b>6</b> /	Ż	0 ð 7	<u> </u>			
		State Zip Code us OH 43215							nt of	Each	Disburs	ement	this P	eriod			
	Purpose of Disbursement		5215	_	-		-						750.0	0			
	Annual Contribution				01												
	Candidate Name				ateç Typ	jory/ be											
	Office Sought: House Disburse		2008														
	Senate X President	Primary Other (specify)	General														
	State: District:		•														
C.	Full Name (Last, First, Middle Initial)										SB29.	7357					
0.	Motorists Insurance Emp Credit Union							М	of Di: M		ement	Y Y	Y	Y			
	Mailing Address 471 East Broad Street							01		2	25	2	0 ð 7				
			o Code 3215					Amou	nt of	Each	Disburs	ement	this P	eriod			
	Purpose of Disbursement		13	_	-								4.5	50			
	MIECU Monthly Service Fee				00												
	Candidate Name				ateç Typ	jory/ De											
	Office Sought: House Disburse																
	Senate President	Primary Other (specify)	General														
_	State: District:	(opeen))	•														
s	JBTOTAL of Disbursements This Page (optional).					►						32	254.5	0			
Т	<b>OTAL</b> This Period (last page this line number only)					•											
	(					•		-									

S	CHEDULE B (FEC Form 3X)						NE NUMBER: PAGE 58 / 60								
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(C	heck o 21b		ne) 22	П	23	☐ 24		25	26		
		, ,			27		28a		28b	28	<i>,</i> , ,	29	30b		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name												S		
	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND													
^	Full Name (Last, First, Middle Initial)									SB29.	7358				
	Motorists Insurance Emp Credit Union						Date o	of Di ™			Y Y	Y	Y		
	Mailing Address 471 East Broad Street						0 <sup>M</sup> 2		2	25	2	0 ð 7			
	,	State Zip Code OH 43215	Amount of Each Disbursement this Period												
	Purpose of Disbursement MIECU Monthly Service Charge			00	1		L.			<u> </u>		4.5	0		
	Candidate Name			ate Ty	gory/ be										
	Office Sought: House Disburser	nent For: Primary General													
	State: District:	Other (specify)													
	Full Name (Last, First, Middle Initial)						<b>T</b>				7050				
В.	Motorists Insurance Emp Credit Union						Date		sburs	: SB29. ement		Y	Y		
	Mailing Address 471 East Broad Street						0 5		2	25	<u>2</u>	0 ð 7			
		StateZip CodeOH43215					Amou	nt of	Each	Disbur	sement				
	Purpose of Disbursement MIECU Monthly Service Charge			00	1		L.					4.5	50		
	Candidate Name			ate Ty	gory/ be										
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼													
	State: District:														
C.	Full Name (Last, First, Middle Initial) Motorists Insurance Emp Credit Union									SB29. ement	7360				
	Mailing Address 471 East Broad Street						<sup>™</sup> 6	M	□2	2 <b>5</b> /	°²²	0 ð 7	Y		
		State Zip Code OH 43215					Amou	nt of	Each	Disbur	sement	t this F	Period		
	Purpose of Disbursement MIECR Monthly Service Charge			00	01		L.					4.5	50		
	Candidate Name			ate Ty	gory/ be										
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) <b>▼</b>													
_	State: District:														
s	JBTOTAL of Disbursements This Page (optional)				•							13.5	50		
Т	<b>DTAL</b> This Period (last page this line number only)				►										

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	)		-	INE NUMBER: PAGE 59 / 60										
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	( Г	спеско П 21b	nly one	′ –		23	24		25		26		
		Detailed Summary Fage			27		Ba		28b	28c	X	29		30b		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												S			
	NAME OF COMMITTEE (In Full)						ontin			511 50011	00111	inttoo				
$\langle$	MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND														
Α.	Full Name (Last, First, Middle Initial)						Transaction ID: SB29.6645									
						_	Date of Disbursement									
	Mailing Address 3601 Vincennes Road PO Box 68700					(										
	,	State Zip Code IN 46268							Amount of Each Disbursement this Period							
	Purpose of Disbursement			0		- L					5	5000.	00			
	2007 contribution commitment			_	11											
	Candidate Name				egory/ /pe											
	s	ment For: 2008	1			_										
	Senate X President															
	State: District:															
D	Full Name (Last, First, Middle Initial)					Tr	ansa	actio	on ID:	SB29.7	7063					
В.	PRYCE FOR CONGRESS					Date of Disbursement 05 / 17 / 2007										
	Mailing Address 145 E. Rich Street		) <sup>°</sup> 5 <sup>°</sup>		1	7	<u></u> 2	0 ð 7	7 '							
		State Zip Code Ibus OH 43215							Each	Disburs	emen	t this F	Period	Ł		
	Purpose of Disbursement			0		- L					1	000.	00			
	Campaign Contribution Candidate Name		011 Category/													
	PRYCE FOR CONGRESS				/pe											
	5 X	ment For: 2008														
	Senate President	Primary X General Other (specify)														
	State: OH District: 15	• • • • • (• • • • • • • • • • • • • •														
C.	Full Name (Last, First, Middle Initial)									SB29.6	6987					
0.	Republican Senate Campaign Committee									ement	Y Y	Y	Y			
	Mailing Address 4679 Winterset Drive					(	) 4 ∾		□2	3	2	0 ò 7	7			
		State Zip Code OH 43220				A	nour	nt of	Each	Disburs	emen	t this F	Period	k		
	Purpose of Disbursement Campaign Contribution			^	11	7 L					2	2500.0	00			
	Candidate Name		c		egory/											
	Republican Senate Campaign Committee			T	/pe	_										
	3	ment For: 2008 Primary General														
	President	Other (specify)														
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional).				. 🕨	. [					8	500.0	00			
						Ē					10	668.0	חח	٦		
	<b>OTAL</b> This Period (last page this line number only)										10	000.0	.0			

## Image# 27980075238 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			
		PAGE 60 / 60	
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND			· · · · · · · · · · · · · · · · · · ·
			C
Check if24-hour notice48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
		M M /	DD/YYYY
UNITEMIZED Independent Expenditures			
Mailing Address		Amount	
			.00
City State	Zip Code	Transaction	n ID:
Oldic		Office Sought	t: House State:
Durance of Fundaditure		-	Senate District:
Purpose of Expenditure	Category/		Presidential
	Туре		
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	Support Oppose
Name or reverar candidate supported or Opposed by experioriture.			
		Disbursement	it For: 🔲 Primary 🔲 General
			er (specify) :
Calendar Year-To-Date Per Election			er (specify) :
for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	34.82			
(c) TOTAL Independent Expenditures	34.82			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Date Date Date	DYYYYY			