Image# 13960017200				PAGE 1 / 48
FEC AN	EPORT OF REC ND DISBURSE	MENTS	0/5	
1. NAME OF TYP	PE OR PRINT V Exa	ample: If typing, type		Ise Only
COMMITTEE (in full)		r the lines.	12FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different				
than previously reported. (ACC)	COLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲	9		ZIP CODE
C C00336834	3. IS THIS REPORT	× (N) OR	AMENDED (A)	
(Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On: Apr 20 (M4)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
X January 31 Year-End Report (YE)	Election on	M M / D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 27 2012	through 12		y y 12
I certify that I have examined this R	eport and to the best of my kno	wledge and belief it is tru	e, correct and comple	ete.
Type or Print Name of Treasurer	Aichael L. Wiseman			
Signature of Treasurer	. Wiseman	[Electronically Filed]	ate 01 03	3 / Y Y Y Y 2013
NOTE: Submission of false, erroneous	, or incomplete information may s	ubject the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>C FORM 3X</b> Rev. 12/2004

### 01/03/2013 15 : 43

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From:	M / D D / Y Y Y Y Y 1 27 2012 T	o: 12 / D D / Y Y Y Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		14117.04
	(b) Cash on Hand at Beginning of Reporting Period	5964.81	
	(c) Total Receipts (from Line 19)	2944.20	40714.97
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	8909.01	54832.01
7.	Total Disbursements (from Line 31)	750.00	46673.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8159.01	8159.01
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

	- FEC Form 3X (Rev. 06/2004)	ETAILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name		
Ν	IOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
R	eport Covering the Period: From:	M / D D / Y Y Y Y Y 27 2012 To:	12 / D D / Y Y Y Y 12 31 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2800.20	26157.30
	(ii) Unitemized (iii) TOTAL (add	144.00	14552.30
	Lines 11(a)(i) and (ii)	2944.20	40709.60
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	<ul><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	2944.20	40709.60
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	5.37
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	2944.20	40714.97
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	2944.20	40714.97

### DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	0.0
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	750.00	45673.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	750.00	46673.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	750.00	46673.00

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### **DETAILED SUMMARY PAGE**

of Disbursements

II. Net Contributions/Operating Expenditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	2944.20	40709.60	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2944.20	40709.60	
<ul> <li>Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	0.00	0.00	
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	0.00	0.00	
<ul> <li>Net Operating Expenditures</li> <li>(subtract Line 37 from Line 36)</li> </ul>	0.00	0.00	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND								
Full Name (Last, First, Middle Initial) A. Michael J. Agan Mailing Address 5658 Tynecastle Loop	Michael J. Agan									
City	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18439							
Dublin	OH	43016	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer	Occupation	1	Payroll deduction of \$40							
Motorists Mutual Ins. Co. Receipt For:	VP Persona	al Lines								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1							
Full Name (Last, First, Middle Initial) B. Michael J. Agan	Date of Receipt									
Mailing Address 5658 Tynecastle Loop										
City Dublin	State OH	Zip Code	Transaction ID : SA11AI.18440							
FEC ID number of contributing federal political committee.	С	43016	Amount of Each Receipt this Period							
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Persona		Payroll deduction of \$40							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00								
Full Name (Last, First, Middle Initial) C. David R. Benseler			Date of Receipt							
Mailing Address 2746 Sandhurst Dr.			12 07 2012							
City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.18441							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer	Occupation	1	Payroll deduction of \$25							
Motorist Mutual Ins. Co.	Assistant V	Έ								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00								
SUBTOTAL of Receipts This Page (optional)			105.00							

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		<b>X</b> 11a	$\vdash$	11b	11c		12									
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	y information copied from such Reports and S for commercial purposes, other than using the																		
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND																
A.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt															
	Mailing Address 2746 Sandhurst Dr.			M       M       /       D       /       Y															
	City	State	Zip Code																
	Lewis Center	OH	43035																
	FEC ID number of contributing federal political committee.	С						7	_	25.	00								
	Name of Employer	Occupation			Payroll d	educ	ction of	\$25											
	Motorist Mutual Ins. Co.	Assistant V	Р																
	Receipt For: Primary General	Aggregate	Year-to-Date ▼																
	Other (specify) ▼		650.00																
в.	Full Name (Last, First, Middle Initial) John J. Bishop				Date of	Rec	ceipt												
	Mailing Address 1390 Picardae Court				12 07 2012														
	City		Transaction ID : SA11AI.18443																
	Powell	OH	43065	_	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri									80.00								
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, I	President and CEO		Payroll deduction of \$80														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00																
<u></u> с.	Full Name (Last, First, Middle Initial) John J. Bishop				Date of	Rec	eipt												
	Mailing Address 1390 Picardae Court				м м 12	/	D D 21	/ Y		)12	Y								
	City Powell	State OH	Zip Code 43065					SA11AI.											
			45005	-	Amount	of E	Each R	eceipt thi	is P	eriod	_								
	FEC ID number of contributing federal political committee.	С			Payroll d	ledur	rtion of	\$80	_	80.	00								
	Name of Employer	Occupation			r dyron d	louu		φοο											
	Motorists Mutual Insurance Co. Receipt For:		President and CEO	_	-														
	Primary General	Aggregate	Year-to-Date ▼	_															
	Other (specify)		2080.00	4															
s	UBTOTAL of Receipts This Page (optional)			•			,	,		185.0	00								
т	OTAL This Period (last page this line number	only)		- •															

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	Date of Receipt								
	Mailing Address 1831 265th Street	04-44	7: 0-1	12 07 Y Y Y Y 12 12 107						
	City Calamus	State IA	Zip Code 52729	Transaction ID : SA11AI.18445 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation	1	Payroll deduction for \$20						
	Iowa Mutual Ins. Co.	V. P. Info T	ech.							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
— B	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	Date of Receipt								
0.	Mailing Address 1831 265th Street	12 21 _2012 _								
	City Calamus	State IA	Zip Code 52729	Transaction ID : SA11AI.18446 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Te		<ul> <li>Payroll deduction for \$20</li> </ul>						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt						
	Mailing Address 4915 Norfolk Place			12 07 2012						
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.18448						
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer	Occupation	1	Payroll deduction for \$15						
	Iowa Mutual Ins. Co.	Sr. V.P.								
	Receipt For: Primary General Other (specify) ▼									
s	UBTOTAL of Receipts This Page (optional)		•••••	55.00						
т	OTAL This Period (last page this line number of	only)								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

	EMIZED RECEIPTS		for each category of the 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								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND						
A.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt							
	Mailing Address 4915 Norfolk Place	State	Zip Code	12 21 2012 Transaction ID : SA11AI.18449					
	Bettendorf	IA	52722	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15.00					
	Name of Employer	Occupation	1	<ul> <li>Payroll deduction for \$15</li> </ul>					
	lowa Mutual Ins. Co.	Sr. V.P.							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00						
В.	Full Name (Last, First, Middle Initial) Thomas J. Brock			Date of Receipt					
	Mailing Address 60 E. Spring St. #326	12 07 2012							
	City	State OH	Zip Code	Transaction ID : SA11AI.18450 Amount of Each Receipt this Period					
	Columbus								
	FEC ID number of contributing federal political committee.	С		15.00					
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP		<ul> <li>Payroll deduction for \$15</li> </ul>					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00						
с.	Full Name (Last, First, Middle Initial) Thomas J. Brock			Date of Receipt					
	Mailing Address 60 E. Spring St. #326			M M / D D / Y Y Y Y 12 21 2012					
	City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.18451					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer	Occupation	1	Payroll deduction for \$15					
	Motorists Mutual Ins Co	Asst. VP							
	Receipt For: Primary General Other (specify) ▼								
s	UBTOTAL of Receipts This Page (optional)		•	45.00					
т	OTAL This Period (last page this line number o	nly)							

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 10 OF

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial) A. Thomas D. Campana Mailing Address 6436 Meadow Glen N			Date of Receipt								
City Westerville	State OH	Zip Code 43082									
FEC ID number of contributing federal political committee.	Occupation		15.00 Payroll deduction for \$15								
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Assist. V. F										
Full Name (Last, First, Middle Initial) <b>B.</b> Thomas D. Campana Mailing Address 6436 Meadow Glen N	Thomas D. Campana										
City Westerville	State OH	Zip Code 43082	12     21     2012       Transaction ID : SA11AI.18453       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		Payroll deduction for \$15								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼									
Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell			Date of Receipt								
Mailing Address 5760 Whispering Trail	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18454								
Galena	OH	43021	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer	Occupation		Payroll deduction for \$25								
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		keting Services & PL Year-to-Date ▼ 625.00	_								
SUBTOTAL of Receipts This Page (optional)			55.00								

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 11 OF

			Detailed Summary Page		11a 13		11b 14	11c	12	17						
			ay not be sold or used by any p ddress of any political committe		or the		ose of	f soliciting	g contrib	utions						
	IMITTEE (In Full)	-	OMPANY CIVIC FUNE				utions	Irom suc	n comm	liee.						
	Full Name (Last, First, Middle Initial) Mr. Grady Campbell							Date of Receipt								
Mailing Address	Mailing Address 5760 Whispering Trail								12 21 _ 2012 _							
City Galena		State OH	Zip Code 43021	A	Transaction ID : SA11AI.18455 Amount of Each Receipt this Period											
FEC ID number federal political	Ũ				7	7		5.00								
Name of Emplo Motorists Mutua	-	Occupation Sr. VP Mark	ceting Services & PL		ayroll d	ledu	iction fo	or \$25								
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 650.00	]												
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig						Date of Receipt									
	Mailing Address 4282 Hunts Drive															
City Gahanna		Zip Code 43230	A	Transaction ID : SA11AI.18456 Amount of Each Receipt this Period												
FEC ID number federal political	Ũ	С					<b>7</b>	,	1;	5.00						
Name of Emplo Motorists Life Ins		Occupation Assistant Vi	tion Payroll deduction for \$15 nt Vice President Life Adm.													
Receipt For: Primary Other (spo	General ecify) ▼	Aggregate	Year-to-Date ▼ 375.00	]												
Full Name (Las c. Mrs. Camil	t, First, Middle Initial) Ie Craig	·			Date of	Re	ceipt									
Mailing Address	4282 Hunts Drive			12 21 _2012 _												
City Gahanna		State OH	Zip Code 43230	A				<b>: SA11AI</b> Receipt th								
FEC ID number federal political	Ũ	C					,	<b>.</b>	1	5.00						
Name of Emplo	-	P	Payroll deduction for \$15													
Motorists Life In Receipt For: Primary Other (spe	General		ice President Life Adm. Year-to-Date ▼ 390.00	]												
			······ I				<b>7</b>	· · ·	55	5.00						

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 12 OF

			Detailed Summary Page		11a 13		11b 14	-	11c		12 16	17		
	y information copied from such Reports and Si for commercial purposes, other than using the				or the		pose		soliciting	, con	ntributi	ons		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA								5 5001					
Α.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road		Date of Receipt											
	City Columbus	State OH	Zip Code 43214				ion ID		SA11AL	1845				
	FEC ID number of contributing federal political committee.	C					7		eceipt th	15 26	eriod 15.	00		
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assist. V. P		— P; —	ayroll c	iedu	uction	tor	\$15					
	Primary General Other (specify) ▼	Aygregate	Year-to-Date ▼ 375.00											
в.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes						Date of Receipt							
	Mailing Address 53 Nottingham Road	Zip Code		<sup>M</sup> ■ M 12			21	/ Y	201		Y			
	City Columbus	Zip Code 43214		Transaction ID : SA11AI.18459 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			15.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.		Pa	<ul> <li>Payroll deduction for \$15</li> </ul>									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00											
с.	9				Date of	Re	eceipt							
	Mailing Address 4084 Herald Square Pl				м м 12	/		D 07	/ Y	20	ү 12	Y		
	City Dublin	State OH	Zip Code 43016	A					SA11AI. eceipt th					
	FEC ID number of contributing federal political committee.	С			01/70		1 Latic 1	£	Фог		25.	00		
	Name of Employer	Occupation		-  P	Payroll deduction for \$25									
	Motorists Mutual Ins. Company Receipt For:	Vice Presid		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00											
	UBTOTAL of Receipts This Page (optional)						J			-	55.(	00		
Т	OTAL This Period (last page this line number of	only)	••••••	·			7					_		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 13 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	,	one)					
•			Detailed Summary Page	X 11		11b	11c		12	<u> </u>	
	y information copied from such Reports and St for commercial purposes, other than using the				he pu			g con			
	NAME OF COMMITTEE (In Full)		duress of any pointear committee	to solicit	contin	butions	nom suc		minue	<del>.</del>	
	MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date	e of R	eceipt					
	Mailing Address 4084 Herald Square PI				2	/ D 21	D / Y		12	Y	
	City Dublin	State OH	Zip Code 43016				SA11AI				
		On	43010	Amo	unt of	f Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С				7	7	_	25.0	00	
	Name of Employer	Occupation		Payro	oll ded	luction fo	or \$25				
	Motorists Mutual Ins. Company	Vice Preside	ent								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		650.00								
			/J /J /A								
в.	Full Name (Last, First, Middle Initial) Stephen T. Entenmann			Date	e of R	eceipt					
	Mailing Address 7271 Middletown Rd.			M 1	2	/ D 07	D / Y	201	ү 12	Y	
	City	State	Zip Code	Tra	insac	tion ID :	SA11AI	.1846	2		
	Galion	OH	44833	Amo	unt o	f Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С				,			15.0	00	
	Name of Employer	Occupation		Payro	ll ded	uction fo	or \$15				
	The Motorists Mutual Insurance	Asst. Vice F	President								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		375.00								
<u>_</u> .	Full Name (Last, First, Middle Initial)			Date	e of R	eceipt					
	Mailing Address 7271 Middletown Rd.			1	м 2	/ 21	D / Y	20	ү 12	Y	
	City	State	Zip Code	Tr	ansac	tion ID	: SA11A	.1846	3		
	Galion	OH	44833	Amo	unt o	f Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation		Payroll deduction for \$15							
	The Motorists Mutual Insurance	Asst. Vice F	President								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		390.00								
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 14 OF

			Detailed Summary Page		(11a		11b	F	11c	12						
Ar	y information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson	13 for the	pur	14 pose	of :	15 soliciting	16 contril		17 Dns				
	for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date o	f Re	eceipt	t								
	Mailing Address 9240 Griggs Rd	State	Zip Code	_	12 <b>T</b> rank		(	07	/ Y SA11AI.1	2012						
	Englewood	FL	34224	_					eceipt this		od					
	FEC ID number of contributing federal political committee.	С		Pavroll deduction for \$70,10												
	Name of Employer	Occupation		Payroll deduction for \$70.10												
	Motorists Mutual Insurance Co. Receipt For:	Director		_												
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1902.50													
в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date o	f Re	eceipt	t								
	Mailing Address 9240 Griggs Rd		M = M         /         D = D         /         Y = Y = Y = Y         Y           12         21         2012													
	City Englewood						SA11AI.1									
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 70.10 Payroll deduction for \$70.10													
	Name of Employer Motorists Mutual Insurance Co.															
	Receipt For: Primary General Other (specify) ▼															
с.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp				Date o	f Re	eceipt									
	Mailing Address 3123 Summit Street				<sup>M</sup> 12	/		07	/ Y	2012						
	City Columbus	State OH	Zip Code 43202						SA11AI.1		od					
	FEC ID number of contributing federal political committee.	С					3				15.0	00				
	Name of Employer	Occupation		F	Payroll	dedu	uctior	1 for	\$15							
	Motorists Mutual Insurance Co.	Asst VP														
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00													
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 15 OF

		Detailed Summary Page		11a 13	$\square$	11b 14	11c		12 16	17						
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements managements managements and a	A not be sold or used by any pe ddress of any political committee	erson t	for the	purp ntrib	oose of	solicitin	g co ch co	ntribut	ions					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA															
A.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp				Date of	Re	ceipt									
	Mailing Address 3123 Summit Street				12 21 2012 Transaction ID : SA11AI.18469											
	City Columbus	State OH	Zip Code 43202					SA11AI Receipt t								
	FEC ID number of contributing federal political committee.	al political committee.														
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP		— Payroll deduction for \$15												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	]												
в.	Full Name (Last, First, Middle Initial) Charles R. Gaskill				Date of	Re	ceipt									
	Mailing Address 1425 Briarmeadow Dr.				12 07 2012											
	City Columbus	State OH	Zip Code 43235		Transaction ID : SA11AI.18470 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		10.00												
	Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corpo	orate Counsel	— P	<ul> <li>Payroll deduction for \$10</li> </ul>											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
с.	Full Name (Last, First, Middle Initial) Charles R. Gaskill				Date of	Re	ceipt									
	Mailing Address 1425 Briarmeadow Dr.	-			м м 12	/	21			) 012	Y					
	City Columbus	State OH	Zip Code 43235					SA11A								
	FEC ID number of contributing federal political committee.	С				lodu	uction fo	yr \$10		10	.00					
	Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corp	orate Counsel		ayron u	euu		JI \$10								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]												
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 16 OF

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	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose	e of s	oliciting		ntribut	ions								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA																			
Α.	Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd.				Date of	Re ′		pt 07	/ Y		) 12	Y								
	City Contoocook	State NH	Zip Code 03229		Trans			ID : S	<b>A11AI.</b> ceipt th	1847	74									
	FEC ID number of contributing federal political committee.	С					7		, ,	_	25.	5.00								
	Name of Employer Phenix Mutual Receipt For:	Occupation President		— P —	ayroll d	edu	ICTIC	on for S	\$25											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00																	
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	Re	eceip	pt												
	Mailing Address 63 Penacook Rd.									12 07 2012 Transaction ID : SA11AI.18476										
	Contoocook	NH	03229						ceipt th											
	FEC ID number of contributing federal political committee.	ID number of contributing																		
	Name of Employer Phenix Mutual	Occupation President		Payroll deduction for \$25																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00																	
C.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons				Date of	Re	eceip	pt												
	Mailing Address 14 Burreed Court	01-1-	The Oaste		м м 12	/	L	07	/ Y	20	)12	Y								
	City Pataskala	State OH	Zip Code 43062						A11AI.											
	FEC ID number of contributing federal political committee.	С					7			_	15.	00								
	Name of Employer	Occupation	1	P	ayroll d	ledu	uctic	on for S	\$15											
	Motorists Mutual Ins. Company	Assist. V. P	. Personal Lines Adm.																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00																	
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 17 OF

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An	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	A not be sold or used by any pe ddress of any political committee	erson f	13 or the licit co	purp ntrib	14 pose of utions	f solici from s	ting c	16 ontribu	l 17 tions ee.				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA										-				
Α.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons				Date of	f Re	ceipt								
	Mailing Address 14 Burreed Court	011	7. 0. 1.		м м 12		21			y y 2012	Y				
	City Pataskala	State OH	Zip Code 43062		Transaction ID : SA11AI.18478 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15											
	Name of Employer	Occupation		Payroll deduction for \$15											
	Motorists Mutual Ins. Company Receipt For:		. Personal Lines Adm. Year-to-Date ▼	_											
	Primary General Other (specify) ▼														
в.	Full Name (Last, First, Middle Initial) Elizabeth Graham		Date of Receipt												
	Mailing Address 3128 Ellis Place City State Zip Code						07		Y 2	y y 2012	Y				
	City Columbus				on ID :										
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period													
	Name of Employer Motorists Mutual Ins. Company	Occupation AVP Persor	nal Lines Underwriting	Pa	ayroll d	edu	ction fo	or \$15							
	Receipt For: Primary General Other (specify) ▼														
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt								
	Mailing Address 3128 Ellis Place				м м 12	/	D 21			y y 2012	Y				
	City Columbus	State OH	Zip Code 43204				i <mark>on ID</mark> : Each F			<b>480</b> Period					
	FEC ID number of contributing federal political committee.	C							,		.00				
	Name of Employer	Occupation	1	P	ayroll	dedu	uction fo	or \$15							
	Motorists Mutual Ins. Company	AVP Persor	nal Lines Underwriting												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		375.00												
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 18 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt							
	Mailing Address 396 Shelby Avenue, East	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18481							
	Powell	ОН	43065	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15							
	Name of Employer	of Employer Occupation									
	Motorists Mutual Ins. Company	VP Marketi	ng								
	Receipt For:	Aggregate	Year-to-Date ▼ 375.00								
В.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt							
	Mailing Address 396 Shelby Avenue, East			12 21 2012							
	City	State	Zip Code	Transaction ID : SA11AI.18482							
	Powell	OH	43065	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketir		<ul> <li>Payroll deduction for \$15</li> </ul>							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00								
с.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt							
	Mailing Address 4819 St. Andrews Circle			M M / D D / Y Y Y Y Y 12 07 2012							
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.18483 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation	1	Payroll deduction for \$15							
	Motorists Mutual Ins Co.	Asst. VP		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
s	UBTOTAL of Receipts This Page (optional)		•	45.00							
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 19 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
	Mailing Address 4819 St. Andrews Circle	Ctoto	Zio Codo	12 / D D / Y Y Y Y 12 21 2012
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.18484 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Payroll deduction for \$15
	Motorists Mutual Ins Co.	Asst. VP		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			12 07 2012
	City	State	Zip Code	Transaction ID : SA11AI.18485
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	25.00		
	Name of Employer The Motorists Insurance Group	Occupation		<ul> <li>Payroll deduction for \$25</li> </ul>
	Receipt For:		retary & CRO Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	625.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			12 21 2012
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.18486 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	Payroll deduction for \$25
	The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		650.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	65.00
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 20 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial)         Marc S. Hall         Mailing Address 5999 Lane Road			Date of Receipt								
	City Centerburg	State OH	Zip Code 43011	12     07     2012       Transaction ID : SA11AI.18487       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation     Payroll deduction for       any     Assist. V. P.       Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼		375.00									
в.	Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road			Date of Receipt								
	City Centerburg	State OH	Zip Code 43011	12     21     2012       Transaction ID : SA11AI.18488       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15								
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00									
C.	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt								
	Mailing Address 813 East College Avenue	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18489								
	Westerville	ОН	43081	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		Payroll deduction for \$15								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00									
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 21 OF

	EMIZED RECEIPTS	for each cate Detailed Sum		X         11a         11b         11c         12           13         14         15         16         17											
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY C	IVIC FUND											
Α.					Date of Receipt										
	Mailing Address 813 East College Avenue City	State	Zip Code		12 21 2012 Transaction ID : SA11AI.18490										
	Westerville	OH	43081		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			15.00										
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			<ul> <li>Payroll deduction for \$15</li> </ul>										
	Receipt For:	Aggregate	Year-to-Date ▼		-										
	Primary General Other (specify) ▼		5 5	390.00											
в.	Full Name (Last, First, Middle Initial) Mr. James F Hayon				Date of Receipt										
	Mailing Address 1020 South Washington Drive	12 07 2012													
	City	State Zip Code													
	Howards Grove	WI	53083		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			15.00										
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims			<ul> <li>Payroll deduction for \$15</li> </ul>										
	Receipt For:         Primary       General         Other (specify) ▼	375.00													
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. James F Hayon				Date of Receipt										
	Mailing Address 1020 South Washington Drive				M M / D D / Y Y Y Y Y 12 21 2012										
	City Howards Grove	State WI	Zip Code 53083		Transaction ID : SA11AI.18492 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			15.00										
	Name of Employer	Occupation			Payroll deduction for \$15										
	Wilson Mutual Ins. Co.	V. P. Claim	S		_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 22 OF

	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
				erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND										
<b>A</b>	ull Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt									
	lailing Address 9725 Wagonwood Drive	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18493									
F	vickerington	OH	43147	Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		15.00									
N	ame of Employer	Occupation	1	Payroll deduction for \$15									
	lotorists Mutual Ins. Co.	Assist. V. P	., Claims										
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		375.00										
	ull Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt									
	ailing Address 9725 Wagonwood Drive	12 21 2012											
	ity lickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.18494									
F	EC ID number of contributing deral political committee.	С	14104	Amount of Each Receipt this Period									
	ame of Employer otorists Mutual Ins. Co.	Occupation Assist. V. P		Payroll deduction for \$15									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00										
	ull Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt									
_	ailing Address 1409 Snowmass Road			12 07 Y Y Y Y Y 12 12 107									
	ity Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.18495									
	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period									
N	ame of Employer	Occupation	1	Payroll deduction for \$25									
	lotorists Mutual Ins. Company	VP Life Fina	ancial Operations										
R	eceipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		625.00										
	BTOTAL of Receipts This Page (optional)			55.00									

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 23 OF

'		Detailed Summary Page	×	11a 13		11b 14		11c 15	$\vdash$	2 16	17				
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			to so	licit cor	ntrib	outions	s fro	om such	com	imitte	96.			
<b>A</b> .	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road				Date of			D	/	Y	Ŷ	Y			
		01-1-	Zin Code		12		2	21		201	12				
	City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.18496           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00 Payroll deduction for \$25											
	Name of Employer	Occupation		-  P	ayroll d	iedu	uction	tor \$	\$25						
	Motorists Mutual Ins. Company Receipt For:		ancial Operations	_											
	Primary General Other (specify) ▼	Ayyreyale	Year-to-Date ▼ 650.00	]											
в.	Full Name (Last, First, Middle Initial)		Date of Receipt												
	Mailing Address 4556 Dirham Court		12 07 2012												
	City Hilliard						A11AI.1								
	FEC ID number of contributing federal political committee.	ОН	43026	Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		- Pa	<ul> <li>Payroll deduction for \$25</li> </ul>										
	Receipt For: Primary General Other (specify) ▼														
C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover				Date of	Re	eceipt								
	Mailing Address 4556 Dirham Court				м м 12	/	2	D 21	/ Y	y 201		Y			
	City Hilliard	State OH	Zip Code 43026						Ceipt thi						
	FEC ID number of contributing federal political committee.	С					,			310	15.	00			
	Name of Employer	Occupation		P	ayroll c	ledu	uction	for	\$25						
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00												
s	UBTOTAL of Receipts This Page (optional)		•				7		7	_	55.0	00			
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	ny information copied from such Reports and Si for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND											
Α.		r. Dan E. Jeffers												
	Mailing Address 6401 Rossmore Lane	State	Zip Code	12 / DTD / Y Y Y Y 12 07 2012										
	Canal Winchester	OH	43110	Transaction ID : SA11AI.18499           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer	Occupation Assist. V. P		Payroll deduction for \$15										
	Motorists Mutual Ins Company Receipt For:													
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 375.00											
— B.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers			Date of Receipt										
	Mailing Address 6401 Rossmore Lane	12 21 _2012 _												
	City	State	Zip Code	Transaction ID : SA11AI.18500										
	Canal Winchester	OH	43110	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	ů – Elektrik												
	Name of Employer Motorists Mutual Ins Company	Occupation Assist. V. P		Payroll deduction for \$15										
	Receipt For: Primary General Other (specify) ▼													
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt										
	Mailing Address 5729 Superior Avenue			12 07 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1										
	City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.18503 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer	Occupation	1	Payroll deduction for \$25										
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	Iministration											
	Receipt For:	Aggregate	Year-to-Date ▼	-										
	Other (specify)		625.00											
	SUBTOTAL of Receipts This Page (optional)													
דן	<b>OTAL</b> This Period (last page this line number of	only)	••••••	·										

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 25 OF

			Detailed Summary Page		11a 13	$\vdash$	11b 14		11c 15	12		17		
	information copied from such Reports and St r commercial purposes, other than using the				or the		pose (		bliciting	contribu				
N /	AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
<b>A</b>	ull Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser lailing Address 5729 Superior Avenue				Date of		· ·		/	- Y - Y	Y			
_	ity	State	Zip Code		12 21 2012 Transaction ID : SA11AI.18504									
	Sheboygan	WI	53083	/						is Period	ł			
	EC ID number of contributing deral political committee.	С					, ,	for ¢	, Э.Б	2	5.00			
	ame of Employer /ilson Mutual Ins. Co.	Occupation Sr. V.P. Ad		P	ayroll o	aeal	lction	tor \$	25					
	eceipt For: Primary General Other (specify)		Year-to-Date ▼ 650.00	]										
в. [	ull Name (Last, First, Middle Initial) David L. Kaufman				Date of	f Re	eceipt							
N	lailing Address 7925 Greenside Lane				<sup>M</sup> <sup>M</sup>	/	0	D )7	/ Y	2012	Y			
	ity Vorthington	State OH	Zip Code 43235		Transaction ID : SA11AI.18505 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С					7		7		0.00			
	ame of Employer otorists Mutual Ins Co	Occupation Executive V		Pa	ayroll d	ledu	iction f	for \$	30					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]										
	ull Name (Last, First, Middle Initial) David L. Kaufman				Date of	f Re	eceipt							
M	ailing Address 7925 Greenside Lane				м м 12	/		D 21	/ Y	y y 2012	Y			
	ity Vorthington	State OH	Zip Code 43235						A11AI.1	18506 is Period	1			
	EC ID number of contributing deral political committee.	С					,				0.00			
N	ame of Employer	Occupation		P	ayroll o	dedu	uction	for \$	530					
	lotorists Mutual Ins Co eceipt For:	Executive V		_										
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 780.00											
su	BTOTAL of Receipts This Page (optional)			•			,		7	85	5.00			
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 26 OF

		Detailed Summary Page		-		11b	<b>)</b>	11c	12	<b>_</b>									
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NAME OF COMMITTEE (In Full)	-			.on 001			ייי ווע	suCl											
Full Name (Last, First, Middle Initial) A. John C. Kessler			C	Date of	Re	ceip	ot												
Mailing Address 3910 Caswell Road		7:- 0- 1		M = M / D = D / Y = Y = Y = Y 12 07 2012															
City Johnstown	State OH	Zip Code 43031						ceipt thi	18507 is Period										
FEC ID number of contributing federal political committee.	С								20	0.00									
Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		P;	ayroll d	Jedu	uCtiO	i i tor :	φ∠U											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]																
Full Name (Last, First, Middle Initial) B. John C. Kessler				Date of	Re	ceip	)t												
Mailing Address 3910 Caswell Road				M M 12			21		y y 2012	Y									
City Johnstown	State OH	Zip Code 43031						A11AI.1 ceipt thi	<b>18508</b> is Period										
FEC ID number of contributing federal political committee.	ederal political committee.									Payroll deduction for \$20									
Name of Employer Motorists Mutual Ins. Co.																			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	]	]															
Full Name (Last, First, Middle Initial) C. Anne B. King				Date of	Re	ceip	)t												
Mailing Address 6934 Roundwood Ct.				м м 12	] ′		D 07	/ Y	у у 2012	Y									
City Dublin	State OH	Zip Code 43016	A					SA11AI. ceipt thi	18509 is Period										
FEC ID number of contributing federal political committee.	С			ayroll d		,		, \$25	25	5.00									
Name of Employer	Occupation			ayrull C	JUUU	นบเเบ	n i Uf -	ψ <b>∠</b> υ											
Motorists Mutual Ins. Company Receipt For:	Vice Presid		-																
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	]																
SUBTOTAL of Receipts This Page (optional	l)		► [			3	_		65	.00									
TOTAL This Period (last page this line num	ber only)		Ī		-														

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 27 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt								
	Mailing Address 6934 Roundwood Ct.			12 21 2012								
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.18510 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		<ul> <li>Payroll deduction for \$25</li> </ul>								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00									
в.	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt								
	Mailing Address 1139 Tidewater Court	State	Zip Code	12 07 2012								
	Westerville	OH	43082	Transaction ID : SA11AI.18511 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	15.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P		<ul> <li>Payroll deduction for \$15</li> </ul>								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00									
c.	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt								
	Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y 12 21 2012								
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.18512 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00 Payroll deduction for \$15								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. F										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00									
s	UBTOTAL of Receipts This Page (optional)		•	55.00								
т	OTAL This Period (last page this line number	only)										

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 28 OF

			Detailed Summary Page		11a 13	_	11	1b 4	11c		12 16	17							
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		po	se of	soliciting	g cont	tributi	ons							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND																
<b>A</b> .	Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court				Date of		_	·											
		Ctoto	Zin Codo		м м 12		L	07	L	201	12	Y							
	City Lewis Center	State OH	Zip Code 43035						SA11AI. eceipt th										
	FEC ID number of contributing federal political committee.	С					7		<b>.</b> ,		15.0	00							
	Name of Employer	Occupation			ayroll c	ledu	ucti	ion for	\$15										
	Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	Assist. V. P Aggregate	Year-to-Date ▼ 375.00																
в.	Full Name (Last, First, Middle Initial) Jeff Kirkey				Date of	Re	ece	eipt											
	Mailing Address 1749 Pinecone Court				м м 12	/	ſ	D D D	/ Y	201		Y							
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.18514 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.									15.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P		– Pa	ayroll d	edu	icti	on for	\$15										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	]															
c.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin				Date of	Re	ece	eipt											
	Mailing Address 728 South 29th Street				м м 12	/	ſ	0 D	/ Y	201		Y							
	City Manitowoc	State WI	Zip Code 45220						SA11AI			_							
	FEC ID number of contributing federal political committee.	С					7				20.	00							
	Name of Employer	Occupation		Pa	ayroll c	ledu	uct	ion for	\$20										
	Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	<b>•</b>	y Operations Year-to-Date ▼ 500.00																
s	UBTOTAL of Receipts This Page (optional)		•				3		- 7		50.0	00							
Т	<b>OTAL</b> This Period (last page this line number	only)																	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt
	City	State	Zip Code	12 21 2012 Transaction ID : SA11AI.18518
	Manitowoc	WI	45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation	1	Payroll deduction for \$20
	Wilson Mutual Ins. Co.	V.P. Agenc	y Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	
В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence			Date of Receipt
	Mailing Address 116 Clarke Lane	-		M = M         /         D = D         /         Y = Y = Y = Y         Y           12         07         2012
	City	State NH	Zip Code 03229	Transaction ID : SA11AI.18519
	Hopkinton FEC ID number of contributing federal political committee.	03229	Amount of Each Receipt this Period	
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	1	<ul> <li>Payroll deduction for \$25</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	
С.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 116 Clarke Lane			12 / Y Y Y Y 12 21 2012
	City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.18520 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	Payroll deduction for \$25
	Phenix Mutual Fire Ins. Co.	Sr. V.P.		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
s	UBTOTAL of Receipts This Page (optional)		•	70.00
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 30 OF

			Detailed Summary Page		11a 13	╞	11b 14	$\vdash$	11c 15	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	)										
A.	Full Name (Last, First, Middle Initial) Michael Lisi				Date of	Re	eceipt							
	Mailing Address 6740 Callaway Court				M = M         /         D = D         /         Y = Y = Y = Y         Y           12         07         2012									
	City Westerville	State OH	Zip Code 43082						A11AI.1					
	FEC ID number of contributing federal political committee.	С					3			is Period 15	.00			
	Name of Employer	Occupation			ayroll d	ledu	uction	for	\$15					
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	]										
В.	Full Name (Last, First, Middle Initial) Michael Lisi				Date of	Re	eceipt							
	Mailing Address 6740 Callaway Court				™ M 12	/	D 2		/ Y	ү ү 2012	Y			
	City Westerville	State OH	Zip Code 43082	<u> </u>	Transaction ID : SA11AI.18522         Amount of Each Receipt this Period         15.00									
	FEC ID number of contributing federal political committee.	C												
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		- Pa	ayroll d	edu	iction f	or S	\$15					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00											
C.	Full Name (Last, First, Middle Initial) Todd A. Long				Date of	Re	eceipt							
	Mailing Address 1002 Loch Ness Avenue				м м 12	/	D 0		/ Y	ү 2012	Y			
	City Worthington	State OH	Zip Code 43285						SA11AL	1 <b>8523</b> is Period				
	FEC ID number of contributing federal political committee.	С			Amount		Each	не			5.00			
	Name of Employer	Occupation	1	P	ayroll c	dedu	uciton	for	\$15					
	Motorists Mutual Ins. Company	Assist. V. P												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		375.00	]										
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14		11c 15		12 16	17		
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NAME OF COMMITTEE (In FU		MPANY CIVIC FUND	I										
A. Todd A. Long Mailing Address 1002 Loch Ne	·		Date of Receipt										
City Worthington	State OH	Zip Code 43285		Trans		ion ID	) : S	<b>A11A</b> ceipt t	.1852	24			
FEC ID number of contributing federal political committee.	C			ayroll o	dodu	, ,	for	¢15		15	.00		
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary Genera Other (specify)				ayroll (	Jeuu	CILOTT		φī					
Full Name (Last, First, Middle           B.         Mr. Steven E. Manteufe           Mailing Address #1 2441 121 C				Date o	f Re	D		/ 7		Y	Y		
City Blaine FEC ID number of contributing federal political committee.	State MN	Zip Code 55449	12     07     2012       Transaction ID : SA11AI.18525       Amount of Each Receipt this Period       15.00										
Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P. Aggregate	Year-to-Date ▼ 375.00	— Pa	ayroll d	ledu	ction	for \$	\$15					
C. Mr. Steven E. Manteut Mailing Address #1 2441 121 (	el			Date of		D	D 21	/		)12	Ŷ		
City Blaine FEC ID number of contributing federal political committee.	State MN	Zip Code 55449	A	Trans		ion ID	):S	Ceipt t	1.1852	<b>26</b> 'eriod	.00		
Name of Employer American Hardware Mutual Ins Receipt For: Primary Genera		Year-to-Date ▼	Pa	ayroll (	dedu	uction	for	\$15					
Other (specify) ▼ SUBTOTAL of Receipts This Pag TOTAL This Period (last page th				-	-	7		- 1		45	00		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUND	I
Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify)	State WI C Occupation Director	Zip Code 54220 Year-to-Date ▼ 1125.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼ 1170.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mark J. Nixon         Mailing Address 662 East Fifth Avenue         City         Lancaster         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Insurance Company         Receipt For:         Primary       General         Other (specify)	State OH C Occupation Manager Aggregate	Zip Code 43130 Year-to-Date ▼ 375.00	Date of Receipt  Date of Receipt  12 07 2012 Transaction ID : SA11AI.18529 Amount of Each Receipt this Period  15.00 Payroll deduction for \$15
SUBTOTAL of Receipts This Page (optional)		)	105.00
TOTAL This Period (last page this line numb	per only)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CO	MPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue			Date of Receipt
	City	State OH	Zip Code	12 21 2012 Transaction ID : SA11AI.18530
	Eacaster FEC ID number of contributing federal political committee.	С	43130	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 390.00	Payroll deduction for \$15
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201 City	State	Zip Code	Date of Receipt
	Port Charlotte FEC ID number of contributing federal political committee.	FL	33953	Transaction ID : SA11AI.18531         Amount of Each Receipt this Period         50.00
	Name of Employer Retired from MIG Receipt For: Primary General	Occupation Director Aggregate	Year-to-Date ▼	<ul> <li>Payroll deduction for \$50</li> </ul>
<b>C</b> .	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Thomas C. Ogg         Mailing Address 4612 Club Dr., Unit 201		1250.00	Date of Receipt
	City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.18532 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Retired from MIG Receipt For:	C Occupation Director Aggregate	Year-to-Date ▼ 1300.00	Payroll deduction for \$50
s	UBTOTAL of Receipts This Page (optional)		•	115.00
Т	OTAL This Period (last page this line number	only)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial)         Mr. Mark Peacock         Mailing Address       4460 Swenson Street			Date of Receipt
	City Hilliard	State OH	Zip Code 43026	12     07     2012       Transaction ID : SA11AI.18533       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P Aggregate		<ul> <li>Payroll deduction for \$15</li> <li></li> </ul>
	Primary General Other (specify) ▼		375.00	
в.	Full Name (Last, First, Middle Initial)         Mr. Mark Peacock         Mailing Address 4460 Swenson Street			Date of Receipt
	City Hilliard	State OH	Zip Code 43026	12     21     2012       Transaction ID : SA11AI.18534       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Payroll deduction for \$15
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
c.				Date of Receipt
	Mailing Address 5241 Lincoln Dr #119 City	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18537
	Edina FEC ID number of contributing federal political committee.	C	55436	Amount of Each Receipt this Period
	Name of Employer American Hardware Mutual Ins. Receipt For:	Occupation V. P. Under		Payroll deduction for \$15
	Primary General Other (specify)		375.00	
s	UBTOTAL of Receipts This Page (optional)		•	45.00
Т	OTAL This Period (last page this line number of	only)	<b></b>	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 35 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUND	
Α.				Date of Receipt
	Mailing Address 5241 Lincoln Dr #119 City	State	Zip Code	12 21 2012 Transaction ID : SA11AI.18538
	Edina	MN	55436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation		<ul> <li>Payroll deduction for \$15</li> </ul>
		V. P. Under	writing	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		390.00	
B.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle	-		M         M         /         D         D         /         Y
	City	State OH	Zip Code	Transaction ID : SA11AI.18539
	Powell	ОП	43065	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15
	Matariata Mutual Ina. Company	Occupation Assist. V. P.		rayion deduction for \$15
		Aggregate	Year-to-Date ▼	_
	Other (specify)		375.00	
с.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			12 21 2012
	City Powell	State OH	Zip Code	Transaction ID : SA11AI.18540
		OII	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15
	Name of Employer	Occupation		
	Paggint For:	Assist. V. P		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
	UBTOTAL of Receipts This Page (optional)			45.00
11	OTAL This Period (last page this line number onl	ıy)	🕨	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

	EMIZED RECEIPTS		for each category of the 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			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street			Date of Receipt
	City	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18541
	Eldridge	IA	52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	<ul> <li>Payroll deduction for \$15</li> </ul>
	lowa Mutual Ins. Co.	V. P. Comn	nercial Lines	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		375.00	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 825 West Price Street			12 21 2012
	City	State	Zip Code	Transaction ID : SA11AI.18542
	Eldridge	IA	52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation		Payroll deduction for \$15
	Iowa Mutual Ins. Co. Receipt For:	V. P. Comm	nercial Lines	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
с.	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt
	Mailing Address 3178 Ranke Court			M M / D D / Y Y Y Y Y 12 07 2012
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.18543
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Payroll deduction for \$15
	Motorists Mutual Ins Co.	Asst. VP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	_
s	UBTOTAL of Receipts This Page (optional)		g	45.00
	OTAL This Period (last page this line number o			

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

FOR LINE NUMBER:

PAGE 37 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	<u>`</u> _	eck only	í —	e) 11b	. <u></u> 	<b>`</b>	12	
			Detailed Summary Page		13		14	15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the							f soliciti		ntributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Kelly Reisling				Date of	f Red	ceipt				
	Mailing Address 3178 Ranke Court				M M	/	21			012	ſ
	City Grove City	State OH	Zip Code 43123	_			on ID :	SA11A	AI.1854	44	
	FEC ID number of contributing federal political committee.	С					,	,		15.0	00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP			Payroll c	deduo	ction fo	or \$15			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00								
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Red	ceipt				
	Mailing Address 1026 Loch Ness Avenue				м м 12	/	07			)12	
	City	State OH	Zip Code					SA11A			
	Worthington	ОП	43085	_	Amount	toff	Each F	Receipt	this P	eriod	_
	FEC ID number of contributing federal political committee.	С			L		,	7	_	25.0	0
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs		Payroll d	educ	ction fo	or \$25			
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		625.00								
с.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Red	ceipt				
	Mailing Address 1026 Loch Ness Avenue				м м 12	/	21	D /		)12	ſ
	City Worthington	State OH	Zip Code 43085					: SA11/			
	FEC ID number of contributing	-	43003		Amount	t of E	Each F	Receipt	this P		-
	federal political committee.	С		Payroll deduction for \$25							
	Name of Employer	Occupation									
	Motorists Mutual Ins. Company Receipt For:		g Prod & Svs	_							
	Primary General Other (specify)		Year-to-Date ▼ 650.00								
s	UBTOTAL of Receipts This Page (optional)		•				,	- 1	_	65.0	0
Т	OTAL This Period (last page this line number	only)	••••••				,				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 38 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	y information copied from such Reports and St for commercial purposes, other than using the													
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt										
	Mailing Address 1116 Sommer Drive			12 07 Y Y Y Y Y 12 07 2012										
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.18547 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer	Occupation	1	<ul> <li>Payroll deduction for \$15</li> </ul>										
	Wilson Mutual Ins. Co.	V. P. Under	0	_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		375.00											
В.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt										
	Mailing Address 1116 Sommer Drive			12 21 2012										
	City	State	Zip Code	Transaction ID : SA11AI.18548										
	Sheboygan	WI	53081	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Under		<ul> <li>Payroll deduction for \$15</li> </ul>										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		390.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt										
	Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y 12 07 2012										
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.18549 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		15.00										
	Name of Employer	Occupation	I	Payroll deduction for \$15										
	Motorists Mutual Ins Co.	Assistant V	Р											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	375.00												
s	UBTOTAL of Receipts This Page (optional)		•	45.00										
Т	OTAL This Period (last page this line number of	only)	•											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 39 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Austin Slattery Mailing Address 734 Prairie Run Dr.			Date of Receipt
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.18550 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer         Motorists Mutual Ins Co.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Assistant V Aggregate		<ul> <li>Payroll deduction for \$15</li> </ul>
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		<u></u>	Date of Receipt
	City Westlake FEC ID number of contributing	State OH	Zip Code 44145	12     07     2012       Transaction ID : SA11AI.18551       Amount of Each Receipt this Period
	federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director Aggregate	Year-to-Date ▼	Payroll deduction for \$55
	Primary General Other (specify) ▼		1375.00	
C.	Mill Name (Last, First, Middle Initial)           Mr. Robert C. Smith           Mailing Address         29270 Hampshire Place			Date of Receipt
	City Westlake	State OH	Zip Code 44145	12     21     2012       Transaction ID : SA11AI.18552       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00 Payroll deduction for \$55
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Director Aggregate	Year-to-Date ▼ 1430.00	
	UBTOTAL of Receipts This Page (optional)			125.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		11a		11b	11	сГ	1:	2				
			Detailed Summary Page		13		14	15	H	1			17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson f to sol	or the licit cor	purı ntrib	pose c utions	of solic from s	iting c such (	contr	ributi mitte	ons e.			
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr.				Date of	f Re	ceipt								
	Mailing Address 6418 Summers Nook Drive				м м 12	/	07	D /		ү 201		Y			
	City New Albany	State OH	Zip Code 43054					: <b>SA1</b> 1 Receip							
	FEC ID number of contributing federal political committee.	С			Amoum		J	neceip	, uns	rei	15.0	00			
	Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Se		- P	ayroll c	dedu	iction f	or \$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00												
в.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr. Mailing Address 6418 Summers Nook Drive				Date of	f Re	ceipt	D /	Y	Y	Y	Y			
					12		2			2012					
	City New Albany	State OH	Zip Code 43054	-			-	: SA11 Receip	-						
	FEC ID number of contributing federal political committee.	С		Payroll deduction for \$15											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Se			ayroll d	edu	ction fo	or \$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00												
c.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date of	f Re	ceipt								
	Mailing Address 6900 Kindler Drive				м м 12	/	07			ү 2012	2	Y			
	City New Albany	State OH	Zip Code 43054	-				: SA1' Receip							
	FEC ID number of contributing federal political committee.	С					,		,		25.0	00			
	Name of Employer	Occupation		P	ayroll o	dedu	uction f	or \$25							
	Motorists Mutual Ins. Co. Receipt For:		& Affiliate Operations	_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00												
s	UBTOTAL of Receipts This Page (optional)										55.0	00	1		
т	OTAL This Period (last page this line number o	nly)					,		,						

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 41 OF

'			Detailed Summary Page		11a 13		11b 14	11c		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the							f soliciting			ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive	Date of Receipt													
	City	State	Zip Code	12 21 2012 Transaction ID : SA11AI.18556											
	New Albany	ОН	43054	_				Receipt th							
	FEC ID number of contributing federal political committee.	С			25.00 Payroll deduction for \$25										
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Affiliate Operations		ayion c	leuu		φ25							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 650.00	1											
в.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road			_	Date of	Re	ceipt		V	V	V				
			Zip Code		12	ĺ	07		20	12	T				
	City Glenford	State OH					SA11AI. Receipt th								
	FEC ID number of contributing federal political committee.	С					7		_	25.	00				
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	]											
C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens				Date of	Re	ceipt								
	Mailing Address 8816 Cooks Hill Road				<sup>M</sup> <sup>M</sup> 12	/	D 1			y )12	Y				
	City Glenford	State OH	Zip Code 43739					: SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.	С					<b>7</b>		_		.00				
	Name of Employer	Occupation		F	Payroll o	ledu	uction fo	or \$25							
	Motorists Mutual Insurance Company Receipt For:	Vice Presid		_											
	Primary General Other (specify) ▼	Aygregate	Year-to-Date ▼ 650.00												
s	UBTOTAL of Receipts This Page (optional)			•						75.	00				
т	OTAL This Period (last page this line number	only)	······	•			,								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (in Full)         MAME OF COMMITTEE (in Full)       MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)       A.         A.       Mr. Craig Thompson         Mailing Address 2060 Maxwell Avenue       Date of Receipt         City       State         Lewis Center       OH         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Offer (specify) ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Mailing Address 2060 Maxwell Avenue       City         City       State         Zip Code       Primary         General       Other (specify) ▼         Mailing Address 2060 Maxwell Avenue       City         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       Dite of Receipt         Mailing Address 2060 Maxwell Avenue       City       State       Zip Code         City       State       Zip Code       Paroli deduction for \$2	ch committee.
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A. Mr. Craig Thompson         Mailing Address 2060 Maxwell Avenue         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       C       Payroll deduction for \$25         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Payroll deduction for \$25         Full Name (Last, First, Middle Initial)       B. Mr. Craig Thompson       Date of Receipt         Mailing Address 2060 Maxwell Avenue       625.00       Date of Receipt         City       General       625.00       Date of Receipt         Primary       General       General       625.00       Date of Receipt         City       State       Zip Code       12       12       12         City       State       Zip Code       12	2012 II.18560 this Period
A. Mr. Craig Thompson       Date of Receipt         Mailing Address 2060 Maxwell Avenue       Image: Constraint of Contributing federal political committee.       Image: Constraint of Contributing federal political committee.       Image: Constraint of Constrate Constraint of Constraint of Constraint of Constrain	2012 II.18560 this Period
City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       General         City       State         Lewis Center       OH         Agaregate Year-to-Date       Transaction ID : SA11AL         Aggregate Year-to-Date       Payroll deduction for \$25	2012 II.18560 this Period
FEC ID number of contributing federal political committee.       C       Payroll deduction for \$25         Name of Employer       Occupation       Assist. V. P.         Motorists Mutual Ins. Company       Assist. V. P.       Payroll deduction for \$25         Primary       General       General       General         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Date of Receipt       12         B. Mr. Craig Thompson       Date of Receipt       12         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
federal political committee.       C         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       625.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 2060 Maxwell Avenue       12         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing       C         federal political committee.       Occupation         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Occupation         Primary       General	25.00
Mathe of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       625.00         Full Name (Last, First, Middle Initial)       B.         Mr. Craig Thompson       625.00         Mailing Address 2060 Maxwell Avenue       12         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       625.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 2060 Maxwell Avenue       12         City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
Primary General   Other (specify) General     Full Name (Last, First, Middle Initial)   B. Mr. Craig Thompson   Mailing Address 2060 Maxwell Avenue     City   Lewis Center   OH   43035      FEC ID number of contributing federal political committee.   Name of Employer   Motorists Mutual Ins. Company   Receipt For:   Primary   General            Aggregate Year-to-Date ▼	
B. Mr. Craig Thompson       Date of Receipt         Mailing Address 2060 Maxwell Avenue       Image: Constraint of the constraint of t	
City       State       Zip Code         Lewis Center       OH       43035         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt the second seco	
Lewis Center     OH     43035       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt t       Name of Employer Motorists Mutual Ins. Company     Occupation Assist. V. P.     Payroll deduction for \$25       Receipt For:     Aggregate Year-to-Date ▼     Aggregate Year-to-Date ▼	2012
FEC ID number of contributing federal political committee.     C     Payroll deduction for \$25       Name of Employer Motorists Mutual Ins. Company     Occupation Assist. V. P.     Payroll deduction for \$25       Receipt For:     Aggregate Year-to-Date ▼     Aggregate Year-to-Date ▼	
federal political committee.       Occupation         Name of Employer       Occupation         Motorists Mutual Ins. Company       Assist. V. P.         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	this Period
Name of Entiployer     Occupation       Motorists Mutual Ins. Company     Assist. V. P.       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	25.00
Primary General General	
Full Name (Last, First, Middle Initial)       Date of Receipt         C. Mrs. Sharon B Thompson       Date of Receipt	
Mailing Address 5444 Spring Hill Road	2012
CityStateZip CodeTransaction ID : SA11AlGrove CityOH43123Amount of Each Receipt t	
FEC ID number of contributing federal political committee.	15.00
Name of Employer         Occupation         Payroll deduciton for \$15	
Motorists Mutual Ins. Co. Assistant VP	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	
Other (specify) V	
SUBTOTAL of Receipts This Page (optional)	65.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	for commercial purposes, other than using the			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUNE	)									
Α.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt									
	Mailing Address 5444 Spring Hill Road	State	Zip Code										
	Grove City	OH	43123	Transaction ID : SA11AI.18563           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer	Occupation		Payroll deduciton for \$15									
	Motorists Mutual Ins. Co. Receipt For:	Assistant V											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	]									
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt									
	Mailing Address 7105 Lakebrook Blvd.			12 07 2012									
	City	State	Zip Code	Transaction ID : SA11AI.18564									
	Columbus	OH	43235	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside		Payroll deduction for \$20									
	Receipt For: Primary General Other (specify) ▼	Primary General General											
С.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt									
	Mailing Address 7105 Lakebrook Blvd.			12 21 Y Y Y Y Y 12 21 2012									
	City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.18565 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer	Occupation	1	Payroll deduction for \$20									
	Motorists Mutual Insurance Company	Vice Presid	lent										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 520.00	]									
	UBTOTAL of Receipts This Page (optional)												
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	ny information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt									
	Mailing Address 5203 South 8th Street	State	Zip Code	12 07 2012 Transaction ID : SA11AI.18566									
	Sheboygan	WI	53081	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		40.00									
	Name of Employer	Occupation	1	Payroll deduction for \$40									
	Wilson Mutual Ins. Company	President											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
— B.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt									
	Mailing Address 5203 South 8th Street			12 21 2012									
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.18567 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		40.00									
	Name of Employer Wilson Mutual Ins. Company	Occupation President	1	Payroll deduction for \$40									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00										
с.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel			Date of Receipt									
	Mailing Address 4918 Norfolk Drive			12 07 Y Y Y Y Y 2012									
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.18568									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer	Occupation	1	Payroll deduction for \$15									
	Iowa Mutual Ins. Co.	V. P. Claim	S										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
s	UBTOTAL of Receipts This Page (optional)		•	95.00									
т	OTAL This Period (last page this line number	only)	•••••••										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	for commercial purposes, other than using th			rson for the purpose of soliciting contributions to solicit contributions from such committee.										
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR		OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel			Date of Receipt										
	Mailing Address 4918 Norfolk Drive			M = M / D = D / Y = Y = Y = Y 12 21 2012										
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.18569										
	FEC ID number of contributing	C		Amount of Each Receipt this Period										
	federal political committee.	U												
	Name of Employer	Occupation		Payroll deduction for \$15										
	Iowa Mutual Ins. Co.	V. P. Claim		_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		390.00											
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt										
	Mailing Address 5519 Medallion Drive W.			12 07 _2012 _										
	City	State	Zip Code	Transaction ID : SA11AI.18572										
	Westerville	OH	43082	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs	<ul> <li>Payroll deduction for \$30</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Charles A. Wickert	1		Date of Receipt										
	Mailing Address 5519 Medallion Drive W.			12 21 2012										
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.18573 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation	1	Payroll deduction for \$30										
	Motorists Mutual Ins. Co.	Sr. VP Life	Ops & Corp. Svs											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		780.00											
s	UBTOTAL of Receipts This Page (optional)		•••••	75.00										
Т	<b>OTAL</b> This Period (last page this line number	r only)	•••••••											

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 46 OF

•••			Detailed Summary Page	X 11a 11b 11c 12											
Ar	y information copied from such Reports and	Statements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pos		15 oliciting		16 ntribut	17 ions			
	for commercial purposes, other than using th														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND												
<b>A</b> .	Full Name (Last, First, Middle Initial) Charles A. Williams	harles A. Williams													
	Mailing Address 14924 S. R. 35, E.				<sup>M</sup> M	1	Ľ	07	/ Y		) 12	Y			
	City Sunbury	State OH	Zip Code 43074						A11AI.						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 15.00 Payroll deduction for \$15											
	Name of Employer	Occupation			Payroll c	ledu	uctio	on for	\$15						
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P	-	_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00												
в.	Full Name (Last, First, Middle Initial) Charles A. Williams	I			Date of	Re	ecei	pt							
	Mailing Address 14924 S. R. 35, E.	12 21 2012 Transaction ID : SA11AI.18575													
	City	State OH	Zip Code												
	Sunbury           FEC ID number of contributing         federal political committee.	С	43074		Amount	: of	Ea	ch Re	ceipt th	nis P	eriod 15.	00			
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			Payroll d	edu	ictic	on for S	\$15						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00												
— c.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	Re	ecei	pt							
	Mailing Address 90 Timberknoll Loop				м м 12	/	ľ	07	/ Y		)12	Y			
	City Powell	State OH	Zip Code 43065		Trans Amount				A11AI. ceipt th						
	FEC ID number of contributing federal political committee.	C					,	ć	, ,		35	.00			
	Name of Employer	Occupation	1		Payroll o	ieal	JCTIC	on for	\$35						
	Motorists Mutual Ins Company Receipt For:	Sr VP,Trea		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00												
	UBTOTAL of Receipts This Page (optional)			 -			7				65.	00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Re or for commercial purposes, other that	ports and Statements may an using the name and add	not be sold or used by any p dress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL	INSURANCE COI	MPANY CIVIC FUND	)
Full Name (Last, First, Middle Initian A. Michael L. Wiseman	al)		Date of Receipt
Mailing Address 90 Timberknoll Lo	op State	Zip Code	
Powell	OH	43065	Transaction ID : SA11AI.18577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer	Occupation		Payroll deduction for \$35
Motorists Mutual Ins Company Receipt For:	Sr VP,Treas.,		
Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 910.00	1
Full Name (Last, First, Middle Initia	al)		Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	]
Full Name (Last, First, Middle Initia	al)		Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	]
SUBTOTAL of Receipts This Page (	optional)		35.00
TOTAL This Period (last page this li	ne number only)		2800.20

S	CHEDULE B (FEC Form 3X)			F	OB	LINE I	NUM	MBFR	:			PA	GE 48	OF	48	
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	ily one)									
			Summary Page			21b 27	-	22 28a		23 28b	$\vdash$	24 28c	25 X 29		26 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												g contri			
$\backslash$	NAME OF COMMITTEE (In Full)					_										
	MOTORISTS MUTUAL INSURAN	CE COM	IPANY CIVI	C Fl	JN	D										
<u> </u>	Full Name (Last, First, Middle Initial)								f Di	oburo		- m+				
А.	Citizens for Mingo						÷,	Date c		sburse			Y	VV		
	Mailing Address 12364 Thoroughbred Drive			1							21		2012			
	City Sickerington	State OH	Zip Code 43147					Tran	sact	ion ID	): S	SB29.18	3437			
	Purpose of Disbursement		43147	-	-	_										
	Contribution			L.			Α	mour	nt of	Each	Di	sburser	nent thi	is Per	iod	
	Candidate Name			Cate Ty	egor ype	ry/				,			2	250.00	)	
		ment For:														
	Senate President	Primary Other (spec	General													
	State: District:															
_	Full Name (Last, First, Middle Initial)						_		( D)							
в.	Mike DeWine for Ohio						i i	Date c	_	sourse		ent	Y	v		
	Mailing Address 2587 Conley Rd.							11			30		2012			
	Cedarville	State OH	Zip Code 45314					Tran	sact	ion IE	D : S	SB29.18	3438			
	Purpose of Disbursement Contribution						Д	mour	nt of	Each	Di	sburser	nent thi	is Per	iod	
	Candidate Name			Cate	egor ype	ry/	Ì							500.00	-	
	Office Sought: House Disburser	ment For:			ype					)						
	Senate	Primary	General													
	State: District:	Other (spec	siiy) 🔻													
_	Full Name (Last, First, Middle Initial)															
C.								Date c	_							
	Mailing Address							M M		D	D	/ Y	Ŷ	Y Y		
	City	State	Zip Code													
	Purpose of Disbursement			_	_											
	Candidate Name			Cate Ty	egor ype	ry/	Δ	mour	nt of	Each	) Di	sburser	nent thi	is Per	iod	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General							,						
	State: District:															
s	UBTOTAL of Disbursements This Page (optional)					►	[	_		7			7	750.00		
т	OTAL This Period (last page this line number only)	)				►				,			7	50.00		