

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		14117.04
(b) Cash on Hand at Beginning of Reporting Period.....	5964.81	
(c) Total Receipts (from Line 19)	2944.20	40714.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2800.20	26157.30
(ii) Unitemized	144.00	14552.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2944.20	40709.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2944.20	40709.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2944.20	40714.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2944.20	40714.97

DETAILED SUMMARY PAGE

of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2944.20	40709.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2944.20	40709.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 12 / 07 / 2012
Transaction ID : SA11AI.18439

Amount of Each Receipt this Period
 40.00

Payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 12 / 21 / 2012
Transaction ID : SA11AI.18440

Amount of Each Receipt this Period
 40.00

Payroll deduction of \$40

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

Mailing Address 2746 Sandhurst Dr.

City State Zip Code
 Lewis Center OH 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 12 / 07 / 2012
Transaction ID : SA11AI.18441

Amount of Each Receipt this Period
 25.00

Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2746 Sandhurst Dr.

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11Al.18442

Amount of Each Receipt this Period **25.00**

Payroll deduction of \$25

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

Mailing Address 1390 Picardae Court

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : SA11Al.18443

Amount of Each Receipt this Period **80.00**

Payroll deduction of \$80

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

Mailing Address 1390 Picardae Court

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2080.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11Al.18444

Amount of Each Receipt this Period **80.00**

Payroll deduction of \$80

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Annette Braet		Date of Receipt 12 / 07 / 2012 Transaction ID : SA11AI.18445
Mailing Address 1831 265th Street		Amount of Each Receipt this Period 20.00
City Calamus State IA Zip Code 52729	FEC ID number of contributing federal political committee. C	Payroll deduction for \$20
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) B. Mrs. Annette Braet		Date of Receipt 12 / 21 / 2012 Transaction ID : SA11AI.18446
Mailing Address 1831 265th Street		Amount of Each Receipt this Period 20.00
City Calamus State IA Zip Code 52729	FEC ID number of contributing federal political committee. C	Payroll deduction for \$20
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

Full Name (Last, First, Middle Initial) C. Mr. Jon A. Bright		Date of Receipt 12 / 07 / 2012 Transaction ID : SA11AI.18448
Mailing Address 4915 Norfolk Place		Amount of Each Receipt this Period 15.00
City Bettendorf State IA Zip Code 52722	FEC ID number of contributing federal political committee. C	Payroll deduction for \$15
Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
12 / 21 / 2012
Transaction ID : SA11AI.18449

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
12 / 07 / 2012
Transaction ID : SA11AI.18450

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
12 / 21 / 2012
Transaction ID : SA11AI.18451

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 48
(check only one)

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

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

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18452

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18453

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

Mailing Address 5760 Whispering Trail

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18454

Amount of Each Receipt this Period

25.00

Payroll deduction for \$25

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

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Grady Campbell		Date of Receipt 12 / 21 / 2012 Transaction ID : SA11Al.18455
Mailing Address 5760 Whispering Trail		Amount of Each Receipt this Period 25.00
City Galena State OH Zip Code 43021	FEC ID number of contributing federal political committee. C	Payroll deduction for \$25
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

Full Name (Last, First, Middle Initial) B. Mrs. Camille Craig		Date of Receipt 12 / 07 / 2012 Transaction ID : SA11Al.18456
Mailing Address 4282 Hunts Drive		Amount of Each Receipt this Period 15.00
City Gahanna State OH Zip Code 43230	FEC ID number of contributing federal political committee. C	Payroll deduction for \$15
Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) C. Mrs. Camille Craig		Date of Receipt 12 / 21 / 2012 Transaction ID : SA11Al.18457
Mailing Address 4282 Hunts Drive		Amount of Each Receipt this Period 15.00
City Gahanna State OH Zip Code 43230	FEC ID number of contributing federal political committee. C	Payroll deduction for \$15
Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

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

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

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

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

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

City Columbus	State OH	Zip Code 43214
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18458

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

City Columbus	State OH	Zip Code 43214
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18459

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18460

Amount of Each Receipt this Period
25.00

Payroll deduction for \$25

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

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

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

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

Full Name (Last, First, Middle Initial) A. Mr. Larry L. Forrester		Date of Receipt
Mailing Address 9240 Griggs Rd		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Englewood	FL	34224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11Al.18466
Motorists Mutual Insurance Co.	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1902.50"/>	<input type="text" value="70.10"/>
		Payroll deduction for \$70.10

Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester		Date of Receipt
Mailing Address 9240 Griggs Rd		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Englewood	FL	34224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11Al.18467
Motorists Mutual Insurance Co.	Director	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1972.60"/>	<input type="text" value="70.10"/>
		Payroll deduction for \$70.10

Full Name (Last, First, Middle Initial) C. Joseph P Fullenkamp		Date of Receipt
Mailing Address 3123 Summit Street		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11Al.18468
Motorists Mutual Insurance Co.	Asst VP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
		Payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="155.20"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

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

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

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11Al.18469
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

B. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11Al.18470
 Amount of Each Receipt this Period 10.00
 Payroll deduction for \$10

C. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11Al.18471
 Amount of Each Receipt this Period 10.00
 Payroll deduction for \$10

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

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

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

FOR LINE NUMBER: PAGE 16 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18474
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18476
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

C. Mrs. Jeanne I. Gibbons
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Burreed Court
 City State Zip Code
 Pataskala OH 43062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P. Personal Lines Adm.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18477
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 17 OF 48
(check only one)

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18478

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

B. Elizabeth Graham
Full Name (Last, First, Middle Initial)
Mailing Address 3128 Ellis Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18479

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

C. Elizabeth Graham
Full Name (Last, First, Middle Initial)
Mailing Address 3128 Ellis Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18480

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 396 Shelby Avenue, East

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18481

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

Mailing Address 396 Shelby Avenue, East

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18482

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

C. Dino Guanciale
Full Name (Last, First, Middle Initial)

Mailing Address 4819 St. Andrews Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18483

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 19 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18484
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.18485
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18486
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 20 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18487
 Amount of Each Receipt this Period **15.00**
 Payroll deduction for \$15

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

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.18488
 Amount of Each Receipt this Period **15.00**
 Payroll deduction for \$15

C. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18489
 Amount of Each Receipt this Period **15.00**
 Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 21 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City Westerville State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18490
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

B. Mr. James F Hayon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 South Washington Drive
 City Howards Grove State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18491
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

C. Mr. James F Hayon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 South Washington Drive
 City Howards Grove State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18492
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Thomas J. Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18493
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

B. Thomas J. Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18494
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

C. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18495
 Amount of Each Receipt this Period 25.00
 Payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 23 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18496
 Amount of Each Receipt this Period 25.00
 Payroll deduction for \$25

B. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18497
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$25

C. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18498
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 24 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Dan E. Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Rossmore Lane
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.18499
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

B. Mr. Dan E. Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Rossmore Lane
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18500
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

C. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City State Zip Code
 Sheboygan WI 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. Sr. V.P. Administration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.18503
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)

Mailing Address 5729 Superior Avenue

City Sheboygan State WI Zip Code 53083

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

Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11AI.18504

Amount of Each Receipt this Period **25.00**

Payroll deduction for \$25

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : SA11AI.18505

Amount of Each Receipt this Period **30.00**

Payroll deduction for \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11AI.18506

Amount of Each Receipt this Period **30.00**

Payroll deduction for \$30

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

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

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

FOR LINE NUMBER: PAGE 26 OF 48
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11Al.18507
Amount of Each Receipt this Period 20.00
Payroll deduction for \$20

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

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11Al.18508
Amount of Each Receipt this Period 20.00
Payroll deduction for \$20

C. Anne B. King
Full Name (Last, First, Middle Initial)
Mailing Address 6934 Roundwood Ct.
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11Al.18509
Amount of Each Receipt this Period 25.00
Payroll deduction for \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.18513

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

B. Jeff Kirkey
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : SA11AI.18514

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

c. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc State WI Zip Code 45220

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.18517

Amount of Each Receipt this Period
20.00

Payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18518
 Amount of Each Receipt this Period 20.00
 Payroll deduction for \$20

B. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18519
 Amount of Each Receipt this Period 25.00
 Payroll deduction for \$25

C. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18520
 Amount of Each Receipt this Period 25.00
 Payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Lisi

Mailing Address 6740 Callaway Court

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18521

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

Mailing Address 6740 Callaway Court

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11Al.18522

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

Full Name (Last, First, Middle Initial)
C. Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18523

Amount of Each Receipt this Period
15.00

Payroll deduciton for \$15

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012
Transaction ID : SA11AI.18524

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

B. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
American Hardware Mutual Ins V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2012
Transaction ID : SA11AI.18525

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

C. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
American Hardware Mutual Ins V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012
Transaction ID : SA11AI.18526

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 32 OF 48
(check only one)

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

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

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18527
Amount of Each Receipt this Period 45.00
Payroll deduction for \$45

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

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18528
Amount of Each Receipt this Period 45.00
Payroll deduction for \$45

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

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 number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18530

Amount of Each Receipt this Period
15.00

Payroll deduction for \$15

B. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.18531

Amount of Each Receipt this Period
50.00

Payroll deduction for \$50

c. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18532

Amount of Each Receipt this Period
50.00

Payroll deduction for \$50

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18533

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

B. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18534

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18537

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 35 OF 48
(check only one)

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

A. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)
Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18538

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

B. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.18539

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

C. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.18540

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18541
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

B. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.18542
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

C. Kelly Reisling
Full Name (Last, First, Middle Initial)
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18543
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

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

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

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

FOR LINE NUMBER: PAGE 37 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kelly Reisling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3178 Ranke Court
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18544
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

B. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.18545
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

C. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.18546
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 1116 Sommer Drive
City Sheboygan State WI Zip Code 53081
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18547
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

B. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 1116 Sommer Drive
City Sheboygan State WI Zip Code 53081
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.18548
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

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

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18549
Amount of Each Receipt this Period **15.00**
Payroll deduction for \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Austin Slattery
Full Name (Last, First, Middle Initial)

Mailing Address 734 Prairie Run Dr.

City	State	Zip Code
Sunbury	OH	43074

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

Name of Employer	Occupation
Motorists Mutual Ins Co.	Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11Al.18550

Amount of Each Receipt this Period

15.00

Payroll deduction for \$15

B. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City	State	Zip Code
Westlake	OH	44145

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

Name of Employer	Occupation
Motorists Mutual Ins. Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11Al.18551

Amount of Each Receipt this Period

55.00

Payroll deduction for \$55

C. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City	State	Zip Code
Westlake	OH	44145

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

Name of Employer	Occupation
Motorists Mutual Ins. Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11Al.18552

Amount of Each Receipt this Period

55.00

Payroll deduction for \$55

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18553
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

B. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11Al.18554
 Amount of Each Receipt this Period
 15.00
 Payroll deduction for \$15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18555
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 41 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11Al.18556
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

B. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.18557
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

C. Tamera A. Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Cooks Hill Road
 City State Zip Code
 Glenford OH 43739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11Al.18559
 Amount of Each Receipt this Period
 25.00
 Payroll deduction for \$25

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

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

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

FOR LINE NUMBER: PAGE 42 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18560
 Amount of Each Receipt this Period **25.00**
 Payroll deduction for \$25

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

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.18561
 Amount of Each Receipt this Period **25.00**
 Payroll deduction for \$25

C. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18562
 Amount of Each Receipt this Period **15.00**
 Payroll deduciton for \$15

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

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

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

FOR LINE NUMBER: PAGE 43 OF 48
(check only one)

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

A. Mrs. Sharon B Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 5444 Spring Hill Road
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11Al.18563
Amount of Each Receipt this Period 15.00
Payroll deduction for \$15

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

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11Al.18564
Amount of Each Receipt this Period 20.00
Payroll deduction for \$20

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

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11Al.18565
Amount of Each Receipt this Period 20.00
Payroll deduction for \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Robert L. Western
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : SA11AI.18566

Amount of Each Receipt this Period **40.00**

Payroll deduction for \$40

B. Mr. Robert L. Western
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11AI.18567

Amount of Each Receipt this Period **40.00**

Payroll deduction for \$40

C. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 07 / 2012**

Transaction ID : SA11AI.18568

Amount of Each Receipt this Period **15.00**

Payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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

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

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

FOR LINE NUMBER: PAGE 45 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18569
 Amount of Each Receipt this Period 15.00
 Payroll deduction for \$15

B. Charles A. Wickert
 Full Name (Last, First, Middle Initial)
 Mailing Address 5519 Medallion Drive W.
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 07 / 2012
Transaction ID : SA11AI.18572
 Amount of Each Receipt this Period 30.00
 Payroll deduction for \$30

C. Charles A. Wickert
 Full Name (Last, First, Middle Initial)
 Mailing Address 5519 Medallion Drive W.
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 21 / 2012
Transaction ID : SA11AI.18573
 Amount of Each Receipt this Period 30.00
 Payroll deduction for \$30

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

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

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

FOR LINE NUMBER: PAGE 46 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18574
 Amount of Each Receipt this Period **15.00**
 Payroll deduction for \$15

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

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.18575
 Amount of Each Receipt this Period **15.00**
 Payroll deduction for \$15

C. Michael L. Wiseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Timberknoll Loop
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.18576
 Amount of Each Receipt this Period **35.00**
 Payroll deduction for \$35

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

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

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

FOR LINE NUMBER: PAGE 47 OF 48
(check only one)

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

A. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : SA11Al.18577

Amount of Each Receipt this Period **35.00**

Payroll deduction for \$35

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	2800.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Mingo

Mailing Address 12364 Thoroughbred Drive

City Pickerington State OH Zip Code 43147

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SB29.18437

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mike DeWine for Ohio

Mailing Address 2587 Conley Rd.

City Cedarville State OH Zip Code 45314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SB29.18438

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

750.00

750.00