Image# 14941722206				PAGE 1 / 44
	EPORT OF REC ND DISBURSE Other Than An Authorized	MENTS	Office U	lse Only
		ample: If typing, type	12FE4M5	
		er the lines.		
ADDRESS (number and street)	71 E BROAD ST			
Check if different				
than previously reported. (ACC)			OH 4321	5
2. FEC IDENTIFICATION NUMB		5		ZIP CODE
C C00336834	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (M3)) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y 01 2014	through 06		14
I certify that I have examined this R	eport and to the best of my kno	wledge and belief it is tru	e, correct and comple	ete.
Type or Print Name of Treasurer	/Irs. Susan E. Haack			
Signature of Treasurer	n E. Haack	[Electronically Filed]	ate 07 02	2 / Y Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information may s	ubject the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

07/02/2014 11 : 25

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 04	M / D D / Y Y Y Y Y 01 2014 To	b: 06 / D D / Y P Y P Y P Y P Y P Y P Y P Y P Y P Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		33086.11
	(b) Cash on Hand at Beginning of Reporting Period	38057.81	
	(c) Total Receipts (from Line 19)	8633.60	18955.30
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	46691.41	52041.41
7.	Total Disbursements (from Line 31)	2000.00	7350.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44691.41	44691.41
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

Image#	14941722208
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:	7 01 7 Y Y Y Y 01 2014 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3980.60	5121.10
(i) Itemized (use Schedule A)	3300.00	
(ii) Unitemized	4653.00	13834.20
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	8633.60	18955.30
(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)▶	8633.60	18955.30
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
	7 7	7 7
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	47	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
2. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		
(from Schedule H3)	0.00	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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	8633.60	18955.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	8633.60	18955.30
		10000.00

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	7 7 0.00	7 7 7
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	2000.00	7350.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	7 7 7	
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.0
(c) Iotal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	7350.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2000.00	7350.00
	2000.00	

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I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Total Contributions (other than loans) (from Line 11(d), page 3)	8633.60	18955.30					
. Total Contribution Refunds (from Line 28(d))	0.00	0.00					
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8633.60	18955.30					
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00					
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt						
	City	State OH	Zip Code	04 11 2014						
	Dublin FEC ID number of contributing federal political committee.	С	43016	Amount of Each Receipt this Period						
	Name of Employer Motorists Life Insurance Compa Receipt For: Primary General Other (specify) ▼	Occupation President M Aggregate		payroll deduction of \$40						
B.	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt						
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.20959 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer Motorists Life Insurance Compa	Occupation President N		 payroll deduction of \$40 						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
<u></u> с.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt						
	Mailing Address 5658 Tynecastle Loop	01-1-	7. 0.1	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21110 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	40.00 payroll deduction of \$40								
	Name of Employer Motorists Life Insurance Compa									
	Receipt For:	Aggregate	Year-to-Date ▼ 400.00							
s	UBTOTAL of Receipts This Page (optional)		····· •	120.00						
т	OTAL This Period (last page this line number of	only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 7 OF

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Ar	y information copied from such Reports and S	Statements ma	av not be sold or used by any pe	erson f	13 or the	purr	14 Dose o		15 dicitina		16 ntributi	17 ons					
	for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND														
A.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt										
	Mailing Address 5658 Tynecastle Loop	01-1-	The Oaste	05 23 2014													
	City Dublin	State OH	Zip Code 43016		Transaction ID : SA11AI.21182 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			40.00												
	Name of Employer	Occupation President M		p	ayroll d	edu	ction o	of \$40	0								
	Motorists Life Insurance Compa Receipt For:		Year-to-Date ▼	_													
	Primary General Other (specify)	Aggregate	440.00														
В.	Full Name (Last, First, Middle Initial) Michael J. Agan						Date of Receipt										
	Mailing Address 5658 Tynecastle Loop	· · ·						06 06 2014									
	City	State	Zip Code		Transaction ID : SA11AI.21251												
	Dublin	OH	43016	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.		40.00 payroll deduction of \$40														
	Name of Employer Motorists Life Insurance Compa	ILIC	— pa	ayroll de	eduo	ction of	f \$40)									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 480.00															
<u></u>	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt										
	Mailing Address 5658 Tynecastle Loop				м м 06	/	D 20		/ Y)14	Y					
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21252 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		40.00							00						
	Name of Employer	payroll deduction of \$40															
	Motorists Life Insurance Compa President MLIC																
	Receipt For:	Aggregate	Year-to-Date V														
	Other (specify)		520.00]													
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 8 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Primary General	43035 ation ant VP gate Year-to-Date ▼	Date of Receipt 04 25 2014 Transaction ID : SA11AI.20961 Amount of Each Receipt this Period 25.00 payroll deduction for \$25
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. David R. Benseler Mailing Address 2746 Sandhurst Dr. City State Lewis Center OH FEC ID number of contributing C Name of Employer Occupa Motorist Mutual Ins. Co. Assista Receipt For: Aggreg	43035 ation	Date of Receipt 05 09 2014 Transaction ID : SA11AI.21111 Amount of Each Receipt this Period 25.00 payroll deduction for \$25
C. David R. Benseler Mailing Address 2746 Sandhurst Dr. City State Lewis Center OH	250.00 250.00 250.00 250.00 250.00	Date of Receipt 05 / 23 / 2014 Transaction ID : SA11AI.21183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C Name of Employer Occupa Motorist Mutual Ins. Co. Assista Receipt For: Aggreg Primary General Other (specify) ▼ Image: Control of the system		payroll deduction for \$25
SUBTOTAL of Receipts This Page (optional)		75.00

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

Use separate schedule(s) for each category of the

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PAGE 9 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David R. Benseler	Date of Receipt		
	Mailing Address 2746 Sandhurst Dr.	Otata	Zie Ooste	06 / Y Y Y Y 06 06 2014
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.21253 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		payroll deduction for \$25
	Motorist Mutual Ins. Co.	Assistant V	Р	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
в.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt
	Mailing Address 2746 Sandhurst Dr.	06 20 2014		
	City	State	Zip Code	Transaction ID : SA11AI.21254
		ОН	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		 payroll deduction for \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
<u>_</u> .	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers			Date of Receipt
	Mailing Address S86 W33540 Short Drive			04 25 2014
	City Mukwonago	State WI	Zip Code 53149-9306	Transaction ID : SA11AI.20962
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	I	contribution of \$125
	Wilson Mutual Ins. Co.	Director		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)		•	175.00
Т	OTAL This Period (last page this line number	only)	•	

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

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FOR LINE NUMBER:

PAGE 10 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	a	one) 11b	11c		12	17			
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		name and a	duress of any political committee	to solicit	contr	DULIONS	from suc	n cor	nmille	e			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Dat	e of F	leceipt							
	Mailing Address 1831 265th Street			05 23 2014 Transaction ID : SA11AI.21185									
	City	State	Zip Code										
	Calamus	IA	52729	Am	ount o	f Each I	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С				7			20.0	00			
	Name of Employer	Occupation		payr	oll dec	luction o	f \$20						
	Iowa Mutual Ins. Co.	V. P. Info Te	ech.	_									
Receipt For: Aggregat Primary General Other (specify) ▼			Year-to-Date ▼										
			, 220.00										
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Dat	e of F	leceipt							
Mailing Address 1831 265th Street					06	/ 06		ү 201	14				
	City	State	Zip Code				SA11AI.						
	Calamus	IA	52729	Am	ount o	f Each I	Receipt th	nis Pe	eriod	_			
	FEC ID number of contributing federal political committee.	С				7		_	20.0	0			
	Name of Employer	Occupation		- payro	oll ded	uction of	f \$20						
	Iowa Mutual Ins. Co.	V. P. Info Te	ech.	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		240.00										
с.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Dat	e of F	leceipt							
	Mailing Address 1831 265th Street			М	м 06	/ 20	D / Y	201	Y 14				
	City	State IA	Zip Code				: SA11AI						
	Calamus	IA	52729	Am	ount o	f Each I	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С		navr	oll der	luction o	۰ •f \$20		20.0	00			
	Name of Employer	Occupation					π ψ20						
	Iowa Mutual Ins. Co. Receipt For:	V. P. Info T		_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		260.00										
s	UBTOTAL of Receipts This Page (optional)		•••••			7	7		60.0	0			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 11 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check o	·	lb	11c	1	2				
			13	14		15	1		17			
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	MPANY CIVIC FUND										
Full Name (Last, First, Middle Initial) A. Mr. Grady Campbell			Date	of Rece	ipt							
Mailing Address 5760 Whispering Trail			04	04 25 _ 2014								
City Galena	State OH	Zip Code 43021	Trai	nsaction	ID : SA		20979		_			
FEC ID number of contributing		43021	Amou	nt of Ea	ach Rec	eipt th	is Per		_			
federal political committee.	С					7		25.0	0			
Name of Employer	Occupation		payrol	deducti	on of \$2	25						
Motorists Mutual Ins. Co. Receipt For:		keting Services & PL	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		225.00										
Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell	•		Date	of Rece	int							
Mailing Address 5760 Whispering Trail			05	M /	09	/ Y	_ 2014		1			
City	State	Zip Code		saction		11AI.2						
Galena	OH	43021	Amou	nt of Ea	ach Rec	eipt th	is Per	riod				
FEC ID number of contributing federal political committee.	С			- 7		7		25.00	0			
Name of Employer Motorists Mutual Ins. Co.	Occupation		payroll	deductio	on of \$2	5						
Receipt For:	1	xeting Services & PL	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell			Date	of Rece	ipt							
Mailing Address 5760 Whispering Trail			M	M /	D D	/ Y	Y	Y Y	7			
City	State	Zip Code	05 	nsactior	23 1 ID : S/	A11AL.	2014 21189					
Galena	OH	43021		nt of Ea								
FEC ID number of contributing federal political committee.	С					,		25.0	0			
Name of Employer	Occupation		payioi	l deducti	0Π 0Γ φ2	20						
Motorists Mutual Ins. Co. Receipt For:		keting Services & PL	_									
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00											
SUBTOTAL of Receipts This Page (optional)								75.00)			

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

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FOR LINE NUMBER:

(check only one)

PAGE 12 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	ICE COMPANY CIVIC FUND	
A. Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City	State Zip Code	Date of Receipt
Motorists Mutual Ins. Co.	OH 43021 C Decupation Sr. VP Marketing Services & PL Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Motorists Mutual Ins. Co.	State Zip Code OH 43021 C C Decupation	Date of Receipt
Motorists Mutual Insurance Co.	State Zip Code FL 34224 C Decupation Director Aggregate Year-to-Date ▼ 635.80	Date of Receipt 04 11 2014 Transaction ID : SA11AI.20996 Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
SUBTOTAL of Receipts This Page (optional)		120.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 13 OF

		Detailed Summary Page		-		11b	11c		12		
Ar	y information copied from such Reports and S	tatements ma	l ay not be sold or used by any p	erson f	13 or the	pur	14 Dose of	15 solicitin	 g co	16 ntribut	17 ions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA				IICIT COR	ITID	utions f	rom suc	n co	ommitte	ee.
A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd	Chatta	Zin Onda		м м 04	/	25	J L	2	2014	Y
	City Englewood	State FL	Zip Code 34224					SA11AI eceipt th			
	FEC ID number of contributing federal political committee.	С					7	. ,		75.	.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		— p	ayroll d	edu	ction of	\$75			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 710.80	1							
В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd				м м 04	1	25	/ Y	2(у 014	Y
	City Englewood	State FL	Zip Code 34224	/				SA11AI.			
	FEC ID number of contributing federal political committee.	С					,	. ,		70.	10
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		— pa	ayroll de	edu	ction of	\$70.10			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.90]							
С.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd				м м 05	1	09	JL	20	014	Y
	City Englewood	State FL	Zip Code 34224					SA11AI			
	FEC ID number of contributing federal political committee.	С				odu	, iction of	¢70.10	_	70	.10
	Name of Employer	Occupation		Ρ	ayroli u	euu		φ/0.10			
	Motorists Mutual Insurance Co. Receipt For:	Director	Versite Data T								
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 851.00]							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 14 OF

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd City Englewood FEC ID number of contributing	State Zip Code FL 34224	Date of Receipt
Motorists Mutual Insurance Co.	Occupation Director Aggregate Year-to-Date ▼ 921.10	payroll deduction of \$70.10
Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd City Englewood FEC ID number of contributing	State Zip Code FL 34224	Date of Receipt
federal political committee. Name of Employer Motorists Mutual Insurance Co.	C Occupation Director Aggregate Year-to-Date 991.20	payroll deduction of \$70.10
C. Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd	State Zip Code	Date of Receipt
Englewood FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co.	FL 34224 C Occupation Director Aggregate Year-to-Date ▼ 1061.30	Transaction ID : SA11AI.21280 Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
SUBTOTAL of Receipts This Page (optional)		210.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 15 OF

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND											
A.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	of R	lece	eipt						
	Mailing Address 63 Penacook Rd.				04 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City Contoocook	State NH	Zip Code 03229						SA11AI.					
	FEC ID number of contributing federal political committee.	С					7				25.			
	Name of Employer Phenix Mutual	Occupation President			oayroll	ded	lucti	on of S	\$25					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00											
В.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	of R	ece	eipt						
	Mailing Address 63 Penacook Rd.				05		/	0 09	/ Y)14	Y		
	City Contoocook	State NH	Zip Code 03229	-	Transaction ID : SA11AI.21131 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							25.	00				
	Name of Employer Phenix Mutual	Occupation President		— p	ayroll	dedu	uctio	on of \$	\$25					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
С.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	of R	ece	eipt						
	Mailing Address 63 Penacook Rd.				м 05	1	/	23	/ Y)14	Y		
	Contoocook	State NH	Zip Code 03229						SA11AL					
	FEC ID number of contributing federal political committee.	С					7			_	25.	.00		
	Name of Employer	Occupation		F	bayroll	ded	lucti	ion of	\$25					
	Phenix Mutual	President												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00											
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:

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PAGE 16 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Rolf H. Gesen			Date of Receipt
	Mailing Address 63 Penacook Rd.	Ototo	Zin Oode	06 06 2014
	City Contoocook	State NH	Zip Code 03229	Transaction ID : SA11AI.21287 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation		payroll deduction of \$25
	Phenix Mutual	President		
		Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 63 Penacook Rd.			06 20 2014
	City	State	Zip Code	Transaction ID : SA11AI.21288
	Contoocook	NH	03229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Dhaniy Mutual	Occupation President		 payroll deduction of \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
<u></u> с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			04 25 2014
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21016 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation		payroll deduction of \$25
		Sr. VP, Trea	asurer and CFO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		225.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 17 OF

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> MOTORISTS MUTUA		OMPANY CIVIC FUND)						
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Canal Winchester	OH	43110	A	mount	t of	Each Re	eceipt th	is Period	
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Canal Winchester	OH	43110	A	mount	t of	Each Re	eceipt th	is Period	
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Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	pa	iyroll d	edu	ction of \$	\$25		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]						
Full Name (Last, First, Middle In Mrs. Susan E. Haack	itial)			Date of	f Re	eceipt			
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City Canal Winchester	State OH	Zip Code 43110	A				SA11AI. eceipt th	21299 is Period	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 18 OF

		Detailed Summary Page		11a 13	\vdash	11b	F	11c 15		12 16	17		
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	eceipt						
	Mailing Address 7494 Heffley Court				м м 06	1		D 20	/ Y	Y 2() 014	Y	
	City Canal Winchester	State OH	Zip Code 43110						SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					7			_	25.	00	
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	— p	ayroll d	ledu	uction	of S	\$25				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00										
в.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	eceipt						-
	Mailing Address 7925 Greenside Lane				м м 04	1		D 11	/ Y	20)14	Y	
	City Worthington	State OH	Zip Code 43235						SA11AI.: eceipt th				
	FEC ID number of contributing federal political committee.	С					7			_	30.	00	
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		— p	ayroll d	edu	ction	of \$	\$30				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
с.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	eceipt						
	Mailing Address 7925 Greenside Lane				м м 04	/		25	/ Y		ү)14	Y	
	City Worthington	State OH	Zip Code 43235						SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С			ayroll d	ladı	,	of	¢20	_	30.	00	
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V	/P & COO		ayroll u	eut	JCUON	01	φ 30				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 19 OF

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	State OH C Occupation Executive V Aggregate			Date of 05 Trans Amount ayroll d	/ act	ion ID Each	9 <u>: SA′</u> Rece	pipt this	20 114		
в.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	State OH C Occupation Executive V Aggregate			Date of 05 Trans Amount ayroll de	/ acti ∶of	23 ion ID Each	3 : SA 1 Rece	11AI.2 [.] Pipt this		14 4	ч 00
C.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State OH C Occupation Executive V Aggregate			Date of 06 Trans Amount	act of	ion ID Each	6 : SA Rece	eipt this	20 1 31	15 eriod	Y .00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 20 OF

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND										
	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	eceipt						
	Mailing Address 7925 Greenside Lane				м м 06	/		20	/ Y)14	Y	
	City	State	Zip Code		Trans	acti	ion ID):8	SA11AI.2	2131	6		
-	Worthington	OH	43235	_	Amount	of	Each	Re	ceipt thi	s Pe	eriod		
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	Name of Employer	Occupation		p	ayroll d	eau	Iction	ot \$	530				
	Motorists Mutual Ins Co	Executive V	'P & COO										
	Receipt For: Primary General	Year-to-Date ▼											
	Other (specify)	L	390.00										
	Full Name (Last, First, Middle Initial) John C. Kessler				Date of	Re	eceipt						
	Mailing Address 3910 Caswell Road				м м 05	1	2	23	/ Y	ې 20	ү 14	Y	
	City	State OH	Zip Code		Transaction ID : SA11AI.21215								
-		ОП	43031	- '	Amount	: of	Each	Re	ceipt thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С					,		20	_	20.	00	
l	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		pa	ayroll de	eau	cuon	υφ	20				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
	Full Name (Last, First, Middle Initial) John C. Kessler				Date of	Re	eceipt						
	Mailing Address 3910 Caswell Road				м м 06	1	D	D 06	/ Y		Y 14	Y	
	City Johnstown	State OH	Zip Code 43031						SA11AI.2				
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	Name of Employer	Occupation			ayron a			014	20				
	Motorists Mutual Ins. Co. Receipt For:	VP and CIC		_									
	Primary General	Aggregate	Year-to-Date ▼										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 21 OF

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<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
A.					Date of	Re	eceip	ot						
	Mailing Address 3910 Caswell Road	Ctoto	Zin Code		м м 06			20	/ Y	20) 014	Y		
	City Johnstown	State OH	Zip Code 43031	/					ceipt th					
	FEC ID number of contributing federal political committee.	С				. d	7	n of ¢		_	20.	00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		p	ayroll d	eau	ICTIO	n or \$	520					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00											
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceip	ot						
	Mailing Address 6934 Roundwood Ct.				м м 04	/	D	25	/ Y		Y)14	Y		
	City Dublin	State OH	Zip Code 43016	/	Transaction ID : SA11AI.21035 Amount of Each Receipt this Period									
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	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Preside		— pa	ayroll de	edu	ction	n of \$2	25					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00											
C.	Full Name (Last, First, Middle Initial) Anne B. King				Date of	Re	eceip	ot						
	Mailing Address 6934 Roundwood Ct.				м м 05	/	D	09	/ Y)14	Y		
	City Dublin	State OH	Zip Code 43016						SA11AI. ceipt th					
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	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		P	ayroll d	eau	ICTIO	n or \$	525					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 22 OF

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A .	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.			[Date of	_	ceipt	/ Y	Y Y	Y					
	City Dublin	State OH	Zip Code 43016					SA11AL		t t					
	FEC ID number of contributing federal political committee.	С					, ion of	¢	2	5.00					
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Vice Presid Aggregate		— p; —	ayroll d	eauc	ction of	\$25							
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в.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.				Date of	Red	D D	/ Y	Y Y	Ŷ					
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	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Vice Presid				Juuc		<i>420</i>							
	Primary General Other (specify)	Aggregate	300.00												
c.	Full Name (Last, First, Middle Initial) Anne B. King				Date of	Red									
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	Dublin	OH	43016					eceipt th		ł					
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	Name of Employer	Occupation			ayron a	cuu		Ψ20							
	Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Vice Presid	Year-to-Date ▼ 325.00												
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 23 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Manitowoc V FEC ID number of contributing		Date of Receipt 05 23 2014 Transaction ID : SA11AI.21220 Amount of Each Receipt this Period 20.00
Name of Employer Occ Wilson Mutual Ins. Co. V.P.	upation Agency Operations gregate Year-to-Date ▼ 220.00	payroll deductio of \$20
Manitowoc W FEC ID number of contributing federal political committee. C Name of Employer Occ V.P. Wilson Mutual Ins. Co. V.P.		Date of Receipt 06 06 2014 Transaction ID : SA11AI.21328 Amount of Each Receipt this Period 20.00 payroll deductio of \$20
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street	240.00	Date of Receipt
Manitowoc V FEC ID number of contributing federal political committee. C Name of Employer Occ V.P. Wilson Mutual Ins. Co. V.P.	tate Zip Code VI 45220 upation . Agency Operations gregate Year-to-Date ▼ 260.00	06 20 2014 Transaction ID : SA11AI.21329 Amount of Each Receipt this Period 20.00 20.00 20.00
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 24 OF

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A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane				Date of			pt	/ Y	YY	Y	1	
	City Hopkinton	State NH	Zip Code 03229						SA11AI.		d		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00 payroll deduction of \$25									
	Name of Employer Phenix Mutual Fire Ins. Co. Receipt For:	nenix Mutual Fire Ins. Co. Sr. V.P.											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
B.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of							_	
	Mailing Address 116 Clarke Lane	State	Zip Code		05 Trans		L	09 ID:S	5A11AL	2014 21152	Y		
	Hopkinton FEC ID number of contributing federal political committee.	NH	03229		Amount of Each Receipt this Period								
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	payroll deduction of \$25										
	Receipt For: Primary General Other (specify) ▼	Aggregate											
C.					Date of	f Re	ecei	pt					
	Mailing Address 116 Clarke Lane	State	Zip Code		м м 05		L	23	L	2014	Y		
	Hopkinton	NH	03229						SA11AI. eceipt th	.21221 nis Peric	d		
	FEC ID number of contributing federal political committee.	С		payroll deduction						2	25.00)	
	Name of Employer Phenix Mutual Fire Ins. Co. Receipt For:	Occupation Sr. V.P.											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 25 OF

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	y information copied from such Reports and for commercial purposes, other than using the							e of s							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR														
A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify)	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 300.00	Date of Receipt											
В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 325.00		Date of 06 Trans Amount ayroll de	/ acti : of	ion Ead	20 ID:S		.213		У 00			
C.	Full Name (Last, First, Middle Initial) Mr. David W. Lemon Mailing Address 345 Southshore Drive City Greenback FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	State TN C Occupation Director Aggregate	Zip Code 37742 Year-to-Date ▼ 250.00		Date of 04 Trans Amount	/ act	ion Ead	25 ID: \$		20 . 210		У .00			
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe		r	- - -			7	-	7	-	175.	00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUND	
A. Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc	t State WI	Zip Code 54220	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period 45.00 payroll deduction of \$45
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate Ye	ear-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	State WI C Occupation Director	Zip Code 54220	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		405.00	
C. Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Cour City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State WI C Occupation Director	Zip Code 54220 ear-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional			135.00
TOTAL This Period (last page this line num	u c i uniy)	••••••	•

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 27 OF

			Detailed Summary Page		11a 13		11b 14	\vdash	11c 15	12 16		17				
	y information copied from such Reports and S for commercial purposes, other than using the											S				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND)												
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court			Date of Receipt												
	City	State	Zip Code		05 23 2014 Transaction ID : SA11AI.21225											
	Manitowoc	WI	54220	/	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,	of ¢	, ,	4	5.00					
	Name of Employer	Occupation	1	— payroll deduction of \$45												
	Motorists Mutual Ins. Co. Receipt For:	Director	Veer te Dete 🗮													
	Primary General Other (specify) V	Aggregale	Year-to-Date ▼ 495.00]												
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of	f Re	eceipt									
	Mailing Address 2135 Hunters Ridge Court				м м 06	/	D	D 06	/ Y	ү ү 2014	Y					
	City	State WI	Zip Code		Transaction ID : SA11AI.21338 Amount of Each Receipt this Period											
	Manitowoc FEC ID number of contributing federal political committee.	С	54220	/	Amoun		d 5.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	— pa	ayroll d	edu	ction (of \$	45							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00]												
с.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of	f Re	eceipt									
	Mailing Address 2135 Hunters Ridge Court				м м 06	/		D 20	/ Y	ү ү 2014	Y					
	City Manitowoc	State WI	Zip Code 54220						SA11AL	21339 is Perio	d					
	FEC ID number of contributing federal political committee.	С					,				5.00					
	Name of Employer	Occupation	1	p	ayroll c	dedu	uction	of \$	\$45							
	Motorists Mutual Ins. Co.	Director														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00]												
s	UBTOTAL of Receipts This Page (optional)					1	7			13	5.00					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 28 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt
City Port Charlotte	State FL	Zip Code 33953	04 11 2014 Transaction ID : SA11AI.21058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Retired from MIG Receipt For:	Occupation Director Aggregate	n Year-to-Date ▼	payroll deduction of \$50
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) B. Thomas C. Ogg			Date of Receipt
Mailing Address 4612 Club Dr., Unit 201			04 25 2014
City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.21059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Retired from MIG	Occupation Director	1	— payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Thomas C. Ogg			Date of Receipt
Mailing Address 4612 Club Dr., Unit 201			05 09 2014
City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.21158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	
Retired from MIG	Director		
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		· · · ·	150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 29 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check c	-	́г					
	-		Detailed Summary Page	X 11a	·	11b	11c	$\left - \right $	12 16	1	7
	ny information copied from such Reports and S for commercial purposes, other than using the			rson for th		pose o	f solicitin	g con	ntributio	ons	
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date	of Re	eceipt					
	Mailing Address 4612 Club Dr., Unit 201			05		23	D / Y) 14	Y	
	City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.21227 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				7			50.0	00]
	Name of Employer Retired from MIG	Occupation Director		— payrol	l dedu	uction o	f \$50				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			_	of Re	eceipt		V	V	V	
	City	State	Zip Code	06	6	06		20 [.]			
	Port Charlotte	FL	33953				Receipt t				
	FEC ID number of contributing federal political committee.	С				y			50.0	00]
	Name of Employer Retired from MIG	Occupation Director		— payrol	l dedu	iction of	\$50				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) v		600.00								
C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date	of Re	eceipt					
	Mailing Address 4612 Club Dr., Unit 201				™ / 6	20	D / Y	20	ү 14	Y	
	City Port Charlotte	State FL	Zip Code 33953				: SA11AI Receipt tl				
	FEC ID number of contributing federal political committee.	С				, Intion o	۰ •		50.0	00]
	Name of Employer	Occupation		payro	li dedi	uction o	1 20				
	Retired from MIG Receipt For:	Director		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00								
s	UBTOTAL of Receipts This Page (optional)		•			7	7		150.0	0	ļ
Т	OTAL This Period (last page this line number	only)	••••••			-					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 30 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue			Date of Receipt
	City	State	Zip Code	04 25 2014 Transaction ID : SA11AI.21073
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	payroll deduction of \$25
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00]
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenue			05 09 2014
	City	State	Zip Code	Transaction ID : SA11AI.21165
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs	payroll deduction of \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
с.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenue			M M / D D / Y Y Y Y Y 05 23 2014
	City	State OH	Zip Code	Transaction ID : SA11AI.21235
	Worthington		43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	I	payroll deduction of \$25
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		275.00	1
\vdash	UBTOTAL of Receipts This Page (optional)			75.00
т	'OTAL This Period (last page this line number	only)		•

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 31 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue			Date of Receipt
	City	State	Zip Code	06 06 2014 Transaction ID : SA11AI.21356
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	payroll deduction of \$25
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
B.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Avenue			06 20 2014
	City	State OH	Zip Code	Transaction ID : SA11AI.21357
	Worthington	ОП	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation		payroll deduction of \$25
	Receipt For:	· · · ·	g Prod & Svs	-
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
с.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place			04 / Y Y Y Y Y 2014
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.21079 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer	Occupation	1	payroll deduction of \$55
	Motorists Mutual Ins. Co.	Director		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	
	UBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,	105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 32 OF

			Detailed Summary Page		(11a		11		11c 15	\vdash	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpos	se of s	soliciting		ntribut	ions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA						butt								
A .	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place				Date c		_	eipt	/ Y	Y	Y	Y			
	·	Chata	Zip Code		04 25 2014 Transaction ID : SA11AI.21080										
	City Westlake	State OH	44145	_					ceipt th						
	FEC ID number of contributing federal political committee.	С		55.00 payroll deduction of \$55											
	Name of Employer	Occupation			oayroll	dedu	uctio	on of \$	555						
	Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate	Year-to-Date ▼ 495.00												
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place				Date o		_	eipt	/ Y	Y	Y	Y			
	City	State	Zip Code		05 09 2014 Transaction ID : SA11AI.21168 Amount of Each Receipt this Period 55.00										
	Westlake	OH	44145												
	FEC ID number of contributing federal political committee.	С													
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		F	ayroll o	dedu	uctic	on of \$	55						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00												
С.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				Date o	of Re	ecei	eipt							
	Mailing Address 29270 Hampshire Place				05	1 /	′	23	/ Y		014	Y			
	City Westlake	State OH	Zip Code 44145						SA11AI. eceipt th			_			
	FEC ID number of contributing federal political committee.	С					7			13 1	55.	00			
	Name of Employer	Occupation	1	- '	payroll	dedı	ucti	ion of §	\$55						
	Motorists Mutual Ins. Co. Receipt For:	Director													
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 605.00												
s	UBTOTAL of Receipts This Page (optional)		•	 ►		1	7		3	-	165.(00			
т	OTAL This Period (last page this line number	only)	••••••	•			,		9						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 33 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE COMPANY CIVIC FUND)									
A. Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	State Zip Code	Date of Receipt									
Westlake FEC ID number of contributing	OH 44145	Amount of Each Receipt this Period									
federal political committee.	Occupation	payroll deduction of \$55									
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Director Aggregate Year-to-Date ▼ 660.00]									
B. Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	, I	Date of Receipt									
City Westlake	StateZip CodeOH44145	06 20 2014 Transaction ID : SA11AI.21363 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee. Name of Employer	Occupation	payroll deduction of \$55									
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate Year-to-Date ▼ 715.00]									
C. Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt									
City New Albany	StateZip CodeOH43054	Transaction ID : SA11AI.21084 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	25.00									
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	payroll deduction of \$25									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00]									
SUBTOTAL of Receipts This Page (option	nal)	135.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 34 OF

			Detailed Summary Page		X 11a		11b	11c		12	·				
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			to s	olicit con	ntribu	itions f	rom such	1 CO	mmitte	e.				
A .	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive				Date of	Rec	ceipt	/ Y	Y	Y	Y				
	City New Albany	State OH	Zip Code 43054	_				SA11AI.:	2117						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00 payroll deduction of \$25											
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General		& Affiliate Operations Year-to-Date ▼	_	payroll de	educ	tion of	\$25							
в.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive		250.00		Date of	Rec	ceipt	/ Y	Y	Y	Y				
	City New Albany FEC ID number of contributing	State OH	Zip Code 43054		14 10 eriod 25.	00									
	federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary Other (specify) ▼	Occupation Sr. VP CL 8	Affiliate Operations Year-to-Date ▼ 275.00		bayroll de	educ	tion of S	\$25		20.					
C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive			_	Date of	Rec /	ceipt	/ Y)14	Y				
	City New Albany FEC ID number of contributing federal political committee.	State OH	Zip Code 43054	_				SA11AI. eceipt th	213	66	00				
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		& Affiliate Operations Year-to-Date ▼ 300.00		payroll d	eduo	ction of	\$25							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 35 OF

			Detailed Summary Page		< 11a 13		11b 14	11		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	f solic	iting co	ontribu	tions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR														
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		Zip Code 43054 A Affiliate Operations Year-to-Date ▼ 325.00	Date of Receipt 06 20 2014 Transaction ID : SA11AI.21367 Amount of Each Receipt this Period 25.00 payroll deduction of \$25											
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Assist. V. P Aggregate			Date of 04 Trans Amount ayroll de	of	25 ion ID : Each F	5 : SA11 Receip	2 AI.21 (Period	.00				
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH Occupation Assist. V. P Aggregate		_	Date of 05 Trans Amount	/ act of	09 ion ID : Each F) <u>: SA1′</u> Receip	2 1 AI.21	Period					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 36 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	MPANY CIVIC FUND	r
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City Lewis Center FEC ID number of contributing federal political committee.	State OH	Zip Code 43035	Date of Receipt 05 23 2014 Transaction ID : SA11AI.21241 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Y	′ear-to-Date ▼ 275.00	payroll deduction of \$25
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City Lewis Center FEC ID number of contributing federal political committee.	State OH	Zip Code 43035	Date of Receipt
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Y	/ear-to-Date ▼ 300.00	payroll deduction of \$25
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation Assist. V. P. Aggregate Y	Zip Code 43035 ′ear-to-Date ▼ 325.00	Date of Receipt 06 20 2014 Transaction ID : SA11AI.21369 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
SUBTOTAL of Receipts This Page (optional).		,	75.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 37 OF

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	y information copied from such Reports and s for commercial purposes, other than using the				for the		pos	se of s	soliciting		ntributi	ions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs Mailing Address 1300 Scenic Hill Ln.				Date of		_	ipt 25	/ Y		014	Ŷ			
	City DeWitt FEC ID number of contributing federal political committee.	State IA	Zip Code 52742	Transaction ID : SA11AI.21090 Amount of Each Receipt this Period 125.00											
	Name of Employer Iowa Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 250.00	; 	oayroll d	ledu	uctio	on of \$	\$125						
В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.		Date of Receipt												
	City Columbus FEC ID number of contributing federal political committee.	State OH	Zip Code 43235		Transaction ID : SA11AI.21244 Amount of Each Receipt this Period 20.00										
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	F	oayroll de	edu	ictio	on of \$	20								
c.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.				Date of Receipt										
	City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	State OH Occupation Vice Presid Aggregate			06 Trans Amount	t of	Ea	ach Re		.213		00			
s	UBTOTAL of Receipts This Page (optional)			▶ _			7		5	-	165.0	00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt					
	Mailing Address 7105 Lakebrook Blvd.	Ctoto	Zin Code	06 / D D / Y Y Y Y 06 20 2014					
	City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.21375 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		20.00					
	Name of Employer	Occupation	1	payroll deduction of \$20					
	Motorists Mutual Insurance Company	Vice Presid	ent						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) V		260.00]					
B.	Full Name (Last, First, Middle Initial) Robert Weishaar			Date of Receipt					
	Mailing Address 530 Woodmark Run	M M / D D / Y Y Y Y Y 04 25 2014							
	City	State	Zip Code	Transaction ID : SA11AI.21096					
	Gahanna	OH	43230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		25.00						
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Analytics Officer	payroll deduction of \$25					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		225.00]					
с.	Full Name (Last, First, Middle Initial) Robert Weishaar			Date of Receipt					
	Mailing Address 530 Woodmark Run			05 09 2014					
	City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.21175					
		011	43230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	Occupation	l	payroll deduction of \$25					
	Motorists Mutual Ins. Co. Receipt For:		Analytics Officer	_					
	Primary General Other (specify) ▼	Year-to-Date ▼ 250.00	1						
	UBTOTAL of Receipts This Page (optional)			70.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 39 OF

			Detailed Summary Page		-		11b	11c		12	<u> </u>						
	ny information copied from such Reports and S																
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom suc	1 CO	mmitte	e.						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND														
A.	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	Re	eceipt										
	Mailing Address 530 Woodmark Run				м м 05	/	23) / Y		о 14	Y						
	City	State OH	Zip Code 43230		Transaction ID : SA11AI.21245 Amount of Each Receipt this Period												
	Gahanna																
	FEC ID number of contributing federal political committee.	С				lodu	, otion of	¢25	_	25.	00						
	Name of Employer	Occupation		payroll deduction of \$25													
	Motorists Mutual Ins. Co. Receipt For:		Analytics Officer	_													
	Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)																
в.	Full Name (Last, First, Middle Initial) Robert Weishaar		Date of Receipt														
	Mailing Address 530 Woodmark Run City State Zip Code						06 06 2014										
	City		Trans	acti	on ID :	SA11AI.	<u>213</u>	76	_								
	Gahanna	OH	43230	/	Amount	t of	Each R	leceipt th	is F	'eriod							
	FEC ID number of contributing federal political committee.		25.00														
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP & Chief	Analytics Officer	— pa	 payroll deduction of \$25 												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00														
<u></u> с.	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	Re	eceipt										
	Mailing Address 530 Woodmark Run				м м 06	/	20) / Y		у 014	Y						
	City Gahanna	State OH	Zip Code 43230					SA11AI									
			43230	_ ′	Amount	tof	Each R	leceipt th	is F	'eriod							
	FEC ID number of contributing federal political committee.	С			25.00												
	Name of Employer	Occupation															
	Motorists Mutual Ins. Co.	VP & Chief	Analytics Officer														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)																
s	UBTOTAL of Receipts This Page (optional)			•			л			75.0	00						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 40 OF

			Detailed Summary Page		11a 13	\vdash	11 14	- H-	11c 15		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the								soliciting		ntribut	ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.		_	Date of	Re		D = D	/ Y	Y	Y	Ŷ					
	City Westerville	Zip Code 43082	04 11 2014 Transaction ID : SA11AI.21104 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer Motorists Mutual Ins. Co. Receipt For:		Ops & Corp. Svs	payroll deduction of \$30												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00													
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of Receipt											
	Mailing Address 5519 Medallion Drive W.	State	Zip Code		04 25 2014 Transaction ID : SA11AI.21105											
	Westerville										Period					
	FEC ID number of contributing federal political committee.	С			30.00 payroll deduction of \$30											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs	p;	ayroll de	edu	ictio	on of \$	30							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00													
C.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	ecei	ipt								
	Mailing Address 5519 Medallion Drive W.	Ototo	Zie Oode		м м 05	1	L	09	/ Y	20)14	Y				
	City Westerville	State OH	Zip Code 43082						SA11AI. eceipt th							
	FEC ID number of contributing federal political committee.	С					7				30.	.00				
	Name of Employer	Occupation		P	ayroll d	ledu	uctic	on of \$	\$30							
	Motorists Mutual Ins. Co.	Sr. VP Life	Ops & Corp. Svs													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00													
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 41 OF

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	y information copied from such Reports and s for commercial purposes, other than using the			for the		pose (soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Sr VP Aggregate	Zip Code 43065 Year-to-Date ▼ 280.00		, act	ion ID Each	1 : S Re	SA11AI.:	20 2110 is P		
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Sr VP Aggregate	Zip Code 43065 Year-to-Date ▼ 315.00		acti t of	ion ID Each	5 : S Re	SA11AI.2	20 2110		Ŷ 00
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Sr VP Aggregate	Zip Code 43065 Year-to-Date ▼ 350.00		sact	ion ID Each	9 : S Re	SA11AI.:	20 211	Period	У .00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 42 OF

			Detailed Summary Page		< 11a 13	-	11k	_	11c		12 16	17						
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA						Julio		Sin Such									
A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop				Date of Receipt													
	City	State	Zip Code	_	05 23 2014 Transaction ID : SA11AI.21250													
	Powell	OH	43065	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С			35.00													
	Name of Employer	F	bayroll c	ledu	uctio	on of \$	\$35											
	Motorists Mutual Ins Company	Sr VP		_														
I	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 385.00																	
	Full Name (Last, First, Middle Initial) Michael L. Wiseman							Date of Receipt										
-	Mailing Address 90 Timberknoll Loop							06 06 / Y Y Y Y Y 06 06 2014										
	City Powell	State OH	Zip Code 43065						6A11AI.2									
-	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 35.00 payroll deduction of \$35															
	Name of Employer Motorists Mutual Ins Company	— p																
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00															
	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	f Re	eceip	pt										
l	Mailing Address 90 Timberknoll Loop				м м 06	/	D	20	/ Y	201		Y						
	City Powell	State OH	Zip Code 43065						SA11AL									
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period													
l	Name of Employer	Occupation	I	— F	payroll o	ledu	uctio	on of §	\$35									
	Motorists Mutual Ins Company	Sr VP																
	Receipt For: Primary General	Aggregate	Year-to-Date ▼															
	Other (specify)	L	455.00	.00														
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			Summary Page			21b 27	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$							
	ny information copied from such Reports and Staten for commercial purposes, other than using the name						on for the purpose of soliciting contributions							
$\left \right\rangle$														
	MOTORISTS MUTUAL INSURANC		IPANY CIV	IC FU	лND)								
~	Full Name (Last, First, Middle Initial)						Data of Dishursesset							
А.	Citizens for Hottinger						Date of Disbursement							
	Mailing Address 2135 Horns Hill Drive	Zip Code				04 22 2014								
	City S Newark			T	Transaction ID : SB29.20965									
	Purpose of Disbursement	ОН	43055	_	_									
	Contribution			01	11		Amount of Each Disbursement this Period							
	Candidate Name				gory/ pe	′	500.00							
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General	. ,	<u>, </u>									
	State: District:		*											
в.	Full Name (Last, First, Middle Initial)		Date of Disbursement											
. ت	Committee to Elect Robert D. Hack						M M / D D / Y Y Y Y							
	Mailing Address 2050 Palouse Drive	Zip Code				04 11 2014								
	City S London	_	T	Transaction ID : SB29.20966										
	Purpose of Disbursement Contribution	OH	43140	-	1 1		Amount of Each Distances and a set							
	Candidate Name				11 		Amount of Each Disbursement this Period							
				Cate Ty	gory/ pe		500.00							
		nent For: Primary Other (spec	General General											
	State: District:													
C.	Full Name (Last, First, Middle Initial) French for Judge						Date of Disbursement							
	Mailing Address 100 South Third Street						04 11 2014							
	5	State OH	Zip Code 43215				Transaction ID : SB29.20967							
	Purpose of Disbursement contribution													
	Candidate Name		11 gory/ pe	,	Amount of Each Disbursement this Period 500.00									
	Office Sought: House Disburser		l	. ,	17 -									
	Senate President	Primary Other (spec	General											
	State: District:	Other (spec	211y) V											
<u> </u>							1500.00							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 44 OF 44								
ITEMIZED DISBURSEMENTS	ED DISBURSEMENTS										
	Detailed Summary Page	21b	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$								
Any information copied from such Reports and Sta or for commercial purposes, other than using the		d by any pers	on for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)		_									
MOTORISTS MUTUAL INSURA		C FUND									
Full Name (Last, First, Middle Initial) A. Kennedy for Ohio			Date of Disbursement								
Mailing Address 211 S. Fifth Street	04 11 2014										
City Columbus	State Zip Code OH 43215		Transaction ID : SB29.20970								
Purpose of Disbursement contribution	Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	500.00								
Senate President	sement For: Primary General Other (specify) ▼										
State: District: Full Name (Last, First, Middle Initial)											
В.		Date of Disbursement									
Mailing Address											
City											
Purpose of Disbursement		· · · ·]	Amount of Each Disbursement this Period								
Candidate Name		Category/ Type									
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)			Date of Disbursement								
Mailing Address											
City	State Zip Code										
Purpose of Disbursement			Amount of Each Disbursement this Period								
Candidate Name	Category/ Type										
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼										
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