PAGE 1 / 35

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKWI 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
MOTORISTS MUTU	JAL INSURANCE COM	MPANY CIVIC FUN	ND
ADDRESS (number and street) ▼	471 E BROAD ST		
Check if different than previously reported. (ACC)	COLUMBUS		OH 43215 -
2. FEC IDENTIFICATION	NUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00336834		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	t (Q1) t (Q2) Report Due On: Ma Ap 12-Day PRE-Election Report for the:	ar 20 (M3) Jur	y 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) General (12G) Runoff (12R) Special (12S)
January 31 Year-End Repor July 31 Mid-Yea Report (Non-ele Year Only) (MY	tr (d) 30-Day	dion on General (30G)	in the State of Runoff (30R) Special (30S)
Termination Rep (TER)	Report for the:	tion on	in the State of
5. Covering Period	04 01 2017	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined Type or Print Name of Treas	Haack, Susan E., , Mrs.,	of my knowledge and bel	ief it is true, correct and complete.
Signature of Treasurer	Iaack, Susan E., , Mrs.,	[Electronically F	iled] Date 07 10 / 2017
NOTE: Submission of false, er	roneous, or incomplete informati	on may subject the persor	a signing this Report to the penalties of 52 U.S.C. § 30108
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

04 01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36274.96 January 1, 2017 (b) Cash on Hand at 39131.96 Beginning of Reporting Period..... 7554.00 15411.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 51685.96 46685.96 6(a) and 6(c) for Column B)..... 7500.00 2500.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 44185.96 44185.96 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:		06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	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)	2680.00	3575.00				
	(ii) Unitemized	4874.00	11836.00				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	7554.00	15411.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	7554.00	15411.00				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00				
17	Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(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))▶	7554.00	15411.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7554.00	15411.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaionaa Tear-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4 4	1 1 4 1 1 4 1 1 4		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00	5000.00		
and Other Political Committees Independent Expenditures	0.00	3000.00		
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	45 45 45			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
	45 45 45	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	45 45 45	45 45 45		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))				
(add Lines Zo(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	2500.00	2500.00		
Federal Election Activity (52 U.S.C. § 30101	(20))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(7	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds				
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	4	5.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	7500.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2500.00	7500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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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)	7554.00	15411.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7554.00	15411.00
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

FOR LINE NUMBER:					PAGE	6	OF	35	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ini Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	tial) or Full Organization Name	Date of Receipt
City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code 43016 C Occupation (for Individual)	04 07 2017 Transaction ID : SA11AI.26374 Amount of Each Receipt this Period 40.00 Memo Item
Motorists Life Insurance Compa Receipt For: Primary General Other (specify) ▼	President MLIC Aggregate Year-to-Date ▼ 280.00	Payroll Deduction
Full Name of Individual (Last, First, Middle Ini Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State OH 43016 C Occupation (for Individual) President MLIC Aggregate Year-to-Date 320.00	Date of Receipt M 04
Full Name of Individual (Last, First, Middle Ini Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation (for Individual) President MLIC Aggregate Year-to-Date 360.00	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional)	<u> </u>	120.00
TOTAL This Period (last page this line number	only)	4 4

F	FOR LINE NUMBER:				PAGE	7	OF	35	
(check only one)									
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		13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE COM	PANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Agan, Michael, J., ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop			05 19 2017
City		Zip Code	Transaction ID : SA11AI.26552
Dublin	ОН	43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item
Motorists Life Insurance Compa	Presiden	t MLIC	Payroll Deduction
Receipt For: Primary General	Aggregate Year	r-to-Date ▼	
Other (specify) ▼	7	400.00	
Full Name of Individual (Last, First, Middle In Agan, Michael, J., ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop			06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID : SA11AI.26612
Dublin	OH	43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Motorists Life Insurance Compa	Occupati Presider	on (for Individual) nt MLIC	Memo Item Payroll Deduction
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼		440.00	
Full Name of Individual (Last, First, Middle In Agan, Michael, J., ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop			06 16 / Y Y 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 : SA11Al.26613 Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		40.00
Name of Employer (for Individual)	'	on (for Individual)	Memo Item
Motorists Life Insurance Compa Receipt For:	Presiden		Payroll Deduction
Primary General	Aggregate Year	r-to-Date ▼	
Other (specify)	4	480.00	
SUBTOTAL of Receipts This Page (optional)			120.00
TOTAL This Period (last page this line numbe	r only)		

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	8	OF	35	
(check only one)									
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		13		14		15	16	6	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 of Individual (Last, First, Middle Initial) or Full Organization Name Agan, Michael, J.,, Date of Receipt Mailing Address 5658 Tynecastle Loop 2017 City State Zip Code Transaction ID: SA11AI.26614 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President MLIC Payroll Deduction Motorists Life Insurance Compa Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Benseler, David, R., , Date of Receipt Mailing Address 2746 Sandhurst Dr. 05 05 2017 City State Zip Code Transaction ID: SA11AI.26493 Lewis Center OH 43035 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorist Mutual Ins. Co. Payroll Deduction Assistant VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225,00

		4 -4	
Full Name of Individual (Last, First, Middle In Benseler, David, $R.,$	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2746 Sandhurst Dr.			05 19 2017
City	State	Zip Code	Transaction ID : SA11AI.26553
Lewis Center	ОН	43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Motorist Mutual Ins. Co.	Assista	nt VP	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 250.00	
IDTOTAL of Describe This Days (autisms)			90.00

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

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

FOR LINE NUMBER:					PAGE	9	OF	35	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Benseler, David, R., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2746 Sandhurst Dr.		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26615
Lewis Center	OH 43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorist Mutual Ins. Co.	Assistant VP	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name of Individual (Last, First, Middle Benseler, David, R., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2746 Sandhurst Dr.		06 16 2017
City	State Zip Code	
Lewis Center	OH 43035	Transaction ID : SA11AI.26616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Motorist Mutual Ins. Co.	Occupation (for Individual) Assistant VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Benseler, David, R., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2746 Sandhurst Dr.		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26617
Lewis Center	OH 43035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorist Mutual Ins. Co.	Assistant VP	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	325.00	
SUBTOTAL of Receipts This Page (optional))	75.00
TOTAL This Period (last page this line numb	per only)	

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l			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 INSURA	NCE CON	MPANY CIVIC FUND							
Α.	Full Name of Individual (Last, First, Middle Initial Bowers, Richard, B., Mr., Mailing Address S86 W33540 Short Drive	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	05 19 2017 Transaction ID : SA11Al.26580						
	Mukwonago	WI	53149-9306	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		125.00						
	Name of Employer (for Individual)	Memo Item								
	Wilson Mutual Ins. Co.	Directo	or	Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 375.00							
В.	Full Name of Individual (Last, First, Middle Initial Campbell, Grady, , Mr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 5760 Whispering Trail	To: .		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State OH	Zip Code 43021	Transaction ID : SA11AI.26499						
	Galena	OH	43021	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		ation (for Individual) PMarketing Services & PL	Memo Item Payroll Deduction						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Other (specify) ▼		225.00							
С .	Full Name of Individual (Last, First, Middle Initial Campbell, Grady, , Mr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 5760 Whispering Trail			05 19 2017						
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.26559 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	1 '	ation (for Individual) Marketing Services & PL	Memo Item Payroll Deduction						
	Receipt For:	Aggregate Ye		1						
	Primary General Other (specify)	33 13 11	250.00							
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	175.00						

Name of Employer (for Individual)

General

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

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

Motorists Mutual Ins. Co.

Primary

Receipt For:

C.

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

F	OR	LINE	NU	MBER	:	PAGE	•	11	OF	35
(0	che	ck only	or	ie)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Memo Item

Payroll Deduction

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 of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Grady, , Mr., Date of Receipt Mailing Address 5760 Whispering Trail 2017 City State Zip Code Transaction ID: SA11AI.26633 OH Galena 43021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP Marketing Services & PL Payroll Deduction Motorists Mutual Ins. Co. Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Grady, , Mr., Date of Receipt Mailing Address 5760 Whispering Trail 06 16 2017 City State Zip Code Transaction ID: SA11AI.26634 OH Galena 43021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee.

Other (specify) ▼		300.00	
Full Name of Individual (Last, First, Middle In Campbell, Grady, , Mr., Mailing Address 5760 Whispering Trail	itial) or Full Orç	ganization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.26635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.		pation (for Individual) P Marketing Services & PL	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 325.00	
IIDTOTAL of Descripto This Descriptoral			75.00

Occupation (for Individual)

Aggregate Year-to-Date ▼

Sr. VP Marketing Services & PL

Primary

C.

Other (specify)

General

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		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 of Individual (Last, First, Middle Initial) or Full Organization Name Gesen, Rolf, H.,, Date of Receipt Mailing Address 63 Penacook Rd. 2017 City State Zip Code Transaction ID: SA11AI.26508 NH Contoocook 03229 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) President Payroll Deduction Phenix Mutual Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gesen, Rolf, H.,, Date of Receipt Mailing Address 63 Penacook Rd. 05 19 2017 City State Zip Code Transaction ID: SA11AI.26568 NH Contoocook 03229 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Phenix Mutual Payroll Deduction President Receipt For: Aggregate Year-to-Date ▼

Cuite. (Gpcony) V	-	1 4	
Full Name of Individual (Last, First, Middle In Gesen, Rolf, H., ,	Date of Receipt		
Mailing Address 63 Penacook Rd.	06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA11AI.26661
Contoocook	NH	03229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Phenix Mutual	Preside	nt	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 275.00	
NIDTOTAL of Bassista This Bass (autisms)			75.00

250,00

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	1	13	OF	35
(0	che	ck only	or	ıe)						
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		13		14		15		16		17

Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gesen, Rolf, H.,, Date of Receipt Mailing Address 63 Penacook Rd. 16 2017 City Zip Code State Transaction ID: SA11AI.26662 NH Contoocook 03229 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President Phenix Mutual Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gesen, Rolf, H.,, Date of Receipt Mailing Address 63 Penacook Rd. 06 2017 City State Zip Code Transaction ID: SA11AI.26663 NH Contoocook 03229 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Phenix Mutual Payroll Deduction President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Haack, Susan E., , Mrs., Date of Receipt Mailing Address 7494 Heffley Court 05 2017 City Zip Code State Transaction ID: SA11AI.26514 OH Canal Winchester 43110 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction The Motorists Insurance Group Sr. VP, Treasurer and CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify)

											_
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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 INSURA	NCE CO	MPANY CIVIC FUND						
Α.	Full Name of Individual (Last, First, Middle Initia Haack, Susan E., , Mrs., Mailing Address 7494 Heffley Court	al) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.26574					
	Canal Winchester	ОН	43110	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item					
	The Motorists Insurance Group	Sr. VF	P, Treasurer and CFO	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00						
В.	Full Name of Individual (Last, First, Middle Initial Haack, Susan E., , Mrs.,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 7494 Heffley Court	01-1-	7. 0.4	06 02 7 2017					
	City Canal Winchester	State	Zip Code 43110	Transaction ID : SA11Al.26676					
	FEC ID number of contributing federal political committee.	C	45110	Amount of Each Receipt this Period 25.00					
	Name of Employer (for Individual) The Motorists Insurance Group		nation (for Individual) P, Treasurer and CFO	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00						
С .	Full Name of Individual (Last, First, Middle Initial Haack, Susan E., , Mrs.,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 7494 Heffley Court			06 16 2017					
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.26677 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer (for Individual) The Motorists Insurance Group		ation (for Individual) , Treasurer and CFO	Memo Item Payroll Deduction					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify)		300.00						
H	SUBTOTAL of Receipts This Page (optional)			75.00					

FOR LINE NUMBER:						PAGE	 15	OF	35
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Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by the name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE COMPANY CIVIC F	UND					
Full Name of Individual (Last, First, Middle Haack, Susan E., , Mrs.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7494 Heffley Court		06 30 2017					
City	State Zip Code	Transaction ID : SA11AI.26678					
Canal Winchester	OH 43110	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
The Motorists Insurance Group	Sr. VP, Treasurer and CFO	Payroll Deduction					
	Receipt For: Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	325.0	00					
Full Name of Individual (Last, First, Middle Hennen, Kirk, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2860 Wynridge Drive		06 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code OH 43123	Transaction ID : SA11Al.26685					
Grove City	OH 43123	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Sales - West Zone	Memo Item Payroll Deduction					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	220,0	00					
Full Name of Individual (Last, First, Middle C. Hennen, Kirk, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2860 Wynridge Drive		06 16 2017					
City Grove City	State Zip Code OH 43123	Transaction ID : SA11AI.26686 Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	[C]	20.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Motorists Mutual Insurance Co Receipt For:	AVP, Sales - West Zone	Payroll Deduction					
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	240.0	00					
SUBTOTAL of Receipts This Page (optional)	65.00					
TOTAL This Period (last page this line numl	per only)						

City

Worthington

Receipt For:

FEC ID number of contributing

Name of Employer (for Individual)

General

federal political committee.

Motorists Mutual Ins Co

Other (specify)

Primary

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	OR	LINE	:	PAGE	•	16	OF	35	
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hennen, Kirk, , , Date of Receipt Mailing Address 2860 Wynridge Drive 2017 City Zip Code State Transaction ID: SA11AI.26687 OH Grove City 43123 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AVP, Sales - West Zone Motorists Mutual Insurance Co Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kaufman, David L., , , Date of Receipt Mailing Address 7925 Greenside Lane 04 2017 City State Zip Code Transaction ID: SA11AI.26404 Worthington OH 43235 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins Co Payroll Deduction Executive VP & COO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kaufman, David L., , , Date of Receipt Mailing Address 7925 Greenside Lane 2017

Zip Code

43235

Occupation (for Individual)

240.00

Executive VP & COO

Aggregate Year-to-Date ▼

State

OH

C

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

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L		_		_				80.00
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Transaction ID: SA11AI.26463

Amount of Each Receipt this Period

Memo Item

Payroll Deduction

30.00

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F	OR	LINE	PAGE	 17	OF	35			
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kaufman, David L., , , Date of Receipt Mailing Address 7925 Greenside Lane 2017 City State Zip Code Transaction ID: SA11AI.26522 Worthington OH 43235 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins Co Executive VP & COO Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kaufman, David L., , , Date of Receipt Mailing Address 7925 Greenside Lane 05 19 2017 City State Zip Code Transaction ID: SA11AI.26585 Worthington OH 43235 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins Co Payroll Deduction Executive VP & COO Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼		300.00	
Full Name of Individual (Last, First, Middle In Kaufman, David L., , , Mailing Address 7925 Greenside Lane			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.26697
Worthington	ОН	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Motorists Mutual Ins Co	Execu	utive VP & COO	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)			90.00

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may no ne name and addres	t be sold or used by any pe ss of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE COMF	PANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Kaufman, David L., , ,	nitial) or Full Organi	zation Name	Date of Receipt
Mailing Address 7925 Greenside Lane			06 16 2017
City		Zip Code	Transaction ID : SA11AI.26698
Worthington	ОН	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual)	Occupation	on (for Individual)	Memo Item
Motorists Mutual Ins Co	Executive	e VP & COO	Payroll Deduction
Receipt For:	Aggregate Year-	-to-Date ▼	
Primary General Other (specify) ▼	7	360.00	
Full Name of Individual (Last, First, Middle Ir Kaufman, David L., , ,	nitial) or Full Organi	zation Name	Date of Receipt
Mailing Address 7925 Greenside Lane			06 30 2017
City	State 2	Zip Code	Transaction ID : SA11AI.26699
Worthington	ОП	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Motorists Mutual Ins Co		on (for Individual) e VP & COO	Memo Item Payroll Deduction
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼	4	390.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organi.	zation Name	Date of Receipt
Mailing Address 3910 Caswell Road			06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Johnstown	State 2	Zip Code 43031	Transaction ID : SA11AI.26700
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	C		20.00
Name of Employer (for Individual)		on (for Individual)	Memo Item
Motorists Mutual Ins. Co. Receipt For:	VP and C		Payroll Deduction
Primary General	Aggregate Year-	-to-Date ▼	
Other (specify)		220.00	
SUBTOTAL of Receipts This Page (optional)		>	80.00
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Motorists Mutual Ins. Company

Other (specify)

General

Receipt For:

Primary

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

						PAGE	 19	OF	35	
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Kessler, John C., , , Date of Receipt Mailing Address 3910 Caswell Road 16 2017 City Zip Code State Transaction ID: SA11AI.26701 OH Johnstown 43031 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP and CIO Motorists Mutual Ins. Co. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kessler, John C., , , Date of Receipt Mailing Address 3910 Caswell Road 2017 City State Zip Code Transaction ID: SA11AI.26702 OH Johnstown 43031 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Payroll Deduction VP and CIO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** King, Anne B., , , Date of Receipt Mailing Address 6934 Roundwood Ct. 05 2017 City State Zip Code Transaction ID: SA11AI.26524 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

SUBTOTAL of Receipts This Page (optional)		Ξ	,			,	Ξ	6	5.00	Ξ	
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225.00

Vice President

Aggregate Year-to-Date ▼

Payroll Deduction

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name King, Anne B.,,, Date of Receipt Mailing Address 6934 Roundwood Ct. 19 2017 City State Zip Code Transaction ID: SA11AI.26587 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Vice President Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. King, Anne B., , , Date of Receipt Mailing Address 6934 Roundwood Ct. 06 2017 City State Zip Code Transaction ID: SA11AI.26703 Dublin OH 43016 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Payroll Deduction Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	275,00	
Full Name of Individual (Last, First, Middle In King, Anne B., , , Mailing Address 6934 Roundwood Ct.	itial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26704
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Mutual Ins. Company	Vice President	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
NUDTOTAL of Preside This Press (autions)		75.00

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name King, Anne B.,,, Date of Receipt Mailing Address 6934 Roundwood Ct. 2017 City Zip Code State Transaction ID: SA11AI.26705 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Motorists Mutual Ins. Company Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lappin, Michael, S, Mr., Date of Receipt Mailing Address 728 South 29th Street 06 2017 City State Zip Code Transaction ID: SA11AI.26712 WI Manitowoc 45220 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Wilson Mutual Ins. Co. Payroll Deduction V.P. Agency Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lappin, Michael, S, Mr., Date of Receipt Mailing Address 728 South 29th Street 16 2017 City Zip Code State Transaction ID: SA11AI.26713 WI Manitowoc 45220 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Wilson Mutual Ins. Co. V.P. Agency Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lappin, Michael, S, Mr., Date of Receipt Mailing Address 728 South 29th Street 30 2017 City Zip Code State Transaction ID: SA11AI.26714 WI Manitowoo 45220 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Wilson Mutual Ins. Co. V.P. Agency Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lawrence, Todd, , Mr., Date of Receipt Mailing Address 116 Clarke Lane 05 05 2017 City State Zip Code Transaction ID: SA11AI.26528 NH Hopkinton 03229 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Phenix Mutual Fire Ins. Co. Payroll Deduction Sr. V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lawrence, Todd, , Mr., Date of Receipt Mailing Address 116 Clarke Lane 19 2017 City State Zip Code Transaction ID: SA11AI.26591 NH Hopkinton 03229 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Phenix Mutual Fire Ins. Co. Sr. V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

		LINE	PAGE	2	23	OF		35			
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lawrence, Todd, , Mr., Date of Receipt Mailing Address 116 Clarke Lane 02 2017 City State Zip Code Transaction ID: SA11AI.26715 NH 03229 Hopkinton Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Phenix Mutual Fire Ins. Co. Sr. V.P. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼	275.00	
Full Name of Individual (Last, First, Middle II Lawrence, Todd, , Mr., Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify)	Date of Receipt M M M / D D / 2017 Transaction ID: SA11Al.26716 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction	
Full Name of Individual (Last, First, Middle II Lawrence, Todd, , Mr., Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code NH 03229 C Occupation (for Individual) Sr. V.P. Aggregate Year-to-Date 325.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	75.00
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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

	the name and address of any political committee						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND						
Full Name of Individual (Last, First, Middle Lemon, David, W., Mr.,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 345 Southshore Drive		05 05 2017					
City	State Zip Code TN 37742	Transaction ID : SA11AI.26529					
Greenback	TN 37742	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
American Hardware Mutual Ins.	Director	Payroll Deduction					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle 3. McCracken, Robert, L., Mr.,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2135 Hunters Ridge Court	04 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI.26414					
Manitowoc	WI 54220	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	45.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00						
Full Name of Individual (Last, First, Middle C. McCracken, Robert, L., Mr.,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2135 Hunters Ridge Cour	t	04 21 2017					
City	State Zip Code	Transaction ID : SA11AI.26473					
Manitowoc	WI 54220	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	45.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director	Memo Item Payroll Deduction					
Receipt For:	Aggregate real-to-bate v						
Primary General Other (specify)	360.00						
SUBTOTAL of Receipts This Page (optional)	215.00					
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name McCracken, Robert, L., Mr., Date of Receipt Mailing Address 2135 Hunters Ridge Court 05 2017 City Zip Code State Transaction ID: SA11AI.26533 WI Manitowoc 54220 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Director Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Moore, Marchelle, , , Date of Receipt Mailing Address 2717 Gatewood Rd. 05 05 2017 City State Zip Code Transaction ID: SA11AI.26534 OH Columbus 43219 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co Payroll Deduction Chief Legal Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moore, Marchelle, , , Date of Receipt Mailing Address 2717 Gatewood Rd. 19 2017 City State Zip Code Transaction ID: SA11AI.26595 OH Columbus 43219 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Insurance Co Chief Legal Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 95.00 SUBTOTAL of Receipts This Page (optional).....

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
MOTORISTS MUTUAL INSU	JRANCE COM	PANY CIVIC FUND	ı				
Full Name of Individual (Last, First, Middle Moore, Marchelle, , , Mailing Address 2717 Gatewood Rd.	e Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 2717 Galewood Rd.			06 02 2017				
City	State	Zip Code	Transaction ID : SA11AI.26727				
Columbus	ОН	43219	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual)	Occupat	ion (for Individual)	Memo Item				
Motorists Mutual Insurance Co		egal Officer	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	l Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 2717 Gatewood Rd.	06 16 2017						
City	State	Zip Code					
Columbus	ОН	43219	Transaction ID : SA11AI.26728 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	EC ID number of contributing						
Name of Employer (for Individual) Motorists Mutual Insurance Co	1 .	ion (for Individual) egal Officer	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V						
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	e Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 2717 Gatewood Rd.			06 30 / Y = Y = Y = Y				
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.26729 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual)							
Motorists Mutual Insurance Co							
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 325.00]				
SUBTOTAL of Receipts This Page (optional)	75.00				

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ogg, Thomas C., , , Date of Receipt Mailing Address 4612 Club Dr., Unit 201 2017 City State Zip Code Transaction ID: SA11AI.26417 FL Port Charlotte 33953 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Retired from MIG Director Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ogg, Thomas C., , , Date of Receipt Mailing Address 4612 Club Dr., Unit 201 04 2017 City State Zip Code Transaction ID: SA11AI.26476 Port Charlotte FL 33953 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired from MIG Payroll Deduction Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 \triangle

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Full Name of Individual (Last, First, Middle In Ogg, Thomas C., , ,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 4612 Club Dr., Unit 201			05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.26536
Port Charlotte	FL	33953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Retired from MIG	Directo	,	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		>	150.00

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Rudowicz, Randolph A., , , Date of Receipt Mailing Address 1026 Loch Ness Avenue 2017 City Zip Code State Transaction ID: SA11AI.26541 OH Worthington 43085 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Planning Prod & Svs Motorists Mutual Ins. Company Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rudowicz, Randolph A., , , Date of Receipt Mailing Address 1026 Loch Ness Avenue 05 19 2017 City State Zip Code Transaction ID: SA11AI.26601 Worthington OH 43085 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Payroll Deduction VP Planning Prod & Svs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rudowicz, Randolph A., , , Date of Receipt Mailing Address 1026 Loch Ness Avenue 02 2017 City Zip Code State Transaction ID: SA11AI.26745 OH Worthington 43085 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Company VP Planning Prod & Svs Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ir Rudowicz, Randolph A., , , , Mailing Address 1026 Loch Ness Avenue City Worthington	State Zip Code OH 43085	Date of Receipt 06 16 2017 Transaction ID : SA11Al.26746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) VP Planning Prod & Svs Aggregate Year-to-Date 300.00	Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle In Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue City Worthington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43085 C Occupation (for Individual) VP Planning Prod & Svs Aggregate Year-to-Date 325.00	Date of Receipt 06 30 2017 Transaction ID: SA11Al.26747 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle In Smith, Robert, C., Mr., Mailing Address 29270 Hampshire Place City Westlake FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation (for Individual) Director Aggregate Year-to-Date 385.00	Date of Receipt M 04 07 2017 Transaction ID: SA11AI.26425 Amount of Each Receipt this Period 55.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	>	105.00
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ini Smith, Robert, C., Mr., Mailing Address 29270 Hampshire Place City Westlake FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation (for Individual) Director Aggregate Year-to-Date ▼	Date of Receipt O4 21 2017 Transaction ID: SA11Al.26483 Amount of Each Receipt this Period 55.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Ini Smith, Robert, C., Mr., Mailing Address 29270 Hampshire Place City Westlake FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation (for Individual) Director Aggregate Year-to-Date ▼ 495.00	Date of Receipt M M M / D D / 2017 Transaction ID: SA11Al.26543 Amount of Each Receipt this Period 55.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Ini Stapleton, Charles D., , , Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation (for Individual) Sr. VP CL & Affiliate Operations Aggregate Year-to-Date 225.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		135.00
TOTAL This Period (last page this line number	only)	

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	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	MPANY CIVIC FUND	
Α.	Full Name of Individual (Last, First, Middle Initial Stapleton, Charles D., , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 6900 Kindler Drive			05 19 2017
	City	State	Zip Code	Transaction ID : SA11AI.26604
	New Albany	ОН	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Motorists Mutual Ins. Co.	Sr. V	P CL & Affiliate Operations	Payroll Deduction
	Receipt For:		•	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Initi Stapleton, Charles D., , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 6900 Kindler Drive			06 02 2017
	City	State	Zip Code	Transaction ID : SA11AI.26755
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		pation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼		275.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Stapleton, Charles D., , ,	ial) or Full Or	ganization Name	Date of Receipt
٠.	Mailing Address 6900 Kindler Drive			06 16 2017
	City	State	Zip Code	Transaction ID : SA11AI.26756
	New Albany	ОН	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	Motorists Mutual Ins. Co.		P CL & Affiliate Operations	Payroll Deduction
	Receipt For:		·	
	Primary General	Aggregate Y	Year-to-Date ▼	
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stapleton, Charles D., , , Date of Receipt Mailing Address 6900 Kindler Drive 30 2017 City State Zip Code Transaction ID: SA11AI.26757 OH New Albany 43054 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) В

Full Name of Individual (Last, First, Middle II. Weisenberger, Peter A., , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 7105 Lakebrook Blvd.	06 02 2017		
City	State	Zip Code	Transaction ID : SA11AI.26761
Columbus	ОН	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Motorists Mutual Insurance Company	Vice P	resident	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle II Weisenberger, Peter A., , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailian Adduses			

Mailing Address 7105 Lakebrook Blvd. 16 2017 City State Zip Code Transaction ID : SA11AI.26762 OH Columbus 43235 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Insurance Company Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify)

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SUBTOTAL of Receipts This Page (optional)	·····	L		_	J	_		<u>"</u>		65	5.00	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any press of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COM	IPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle I Weisenberger, Peter A., , , Mailing Address 7105 Lakebrook Blvd.	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 7 103 Eakeblook Blvd.			06 30 2017
City	State	Zip Code	Transaction ID : SA11AI.26763
Columbus	ОН	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Motorists Mutual Insurance Company	Vice Pr	esident	Payroll Deduction
Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		260.00]
Full Name of Individual (Last, First, Middle I Weishaar, Robert, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 530 Woodmark Run			05 05 2017
City	State	Zip Code	Transaction ID : SA11AI.26778
Gahanna	OH	43230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.		ation (for Individual) Chief Analytics Officer	Memo Item Payroll Deduction
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		225.00]
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 530 Woodmark Run			05 19 2017
City Gahanna	State	Zip Code 43230	Transaction ID : SA11AI.26607
	1 0/1	70200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item
Motorists Mutual Ins. Co.		hief Analytics Officer	Payroll Deduction
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)	4	250.00	
SUBTOTAL of Receipts This Page (optional))	70.00
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Receipt For:

Primary

General

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Other (specify) ▼		300.00	
Full Name of Individual (Last, First, Middle Ir Weishaar, Robert, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 530 Woodmark Run			06 30 2017
City	State	Zip Code	Transaction ID : SA11AI.26766
Gahanna	ОН	43230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Motorists Mutual Ins. Co.	VP &	Chief Analytics Officer	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 325.00	
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Aggregate Year-to-Date ▼

2680.00

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SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 35 OF 35					
ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only	L NOMBER.					
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or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and addr	ess of any politi	cai committee to	5 Solicit contributions from such committee.					
MOTORISTS MUTUAL INSURAN		IDANIV CIV	IC ELINID						
WOTOKISTS WILLTOAL INSURAN			טווט ו טו						
Full Name (Last, First, Middle Initial)									
A. Friends of Sherrod Brown				Date of Disbursement					
Mailing Address PO Box 76187				05 23 2017					
City	State	Zip Code		FEC Identification Number					
Washington Purpose of Disbursement	DC	20013							
Campaign Contribution				C					
Candidate Name			Category/	Transaction ID : SB29.26776 Amount of Each Disbursement this Period					
			Type						
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Senate President	Primary Other (spec	General							
State: President District:	Other (spec	nty) ▼		Memo Item					
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Marilla at A. I.				M M / D D / Y Y Y Y					
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City	State	Zip Code		EEC Identification Number					
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Purpose of Disbursement				C					
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Senate	Primary	General							
President State: District:	Other (spec	ary)		Memo Item					
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C.				Date of Disbursement					
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Mailing Address									
City	State	Zip Code		FEC Identification Number					
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Purpose of Disbursement			· · · ·	C					
Candidate Name			Category/	Amount of Each Disbursement this Period					
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Senate President	Primary Other (spec	General							
State: District:	Other (spec	viiy) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional).			·····•	2500.00					
				2522.22					
TOTAL This Period (last page this line number only	/)			2500.00					