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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) (Check if address is changed) COLUMBUS 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paula.hart@motoristsgroup.com (Check if address is changed) Optional Second E-Mail Address chuck.gaskill@motoristsgroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.motoristsgroup.com (Check if address is changed) DATE 08 2014 C00336834 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mrs. Susan E. Haack Type or Print Name of Treasurer Mrs. Susan E. Haack [Electronically Filed] 07 08 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office			For further information contact:
	Use			Federal Election Commission
_	Only			Toll Free 800-424-9530 Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name

MOTORISTS M	IUTUAL INSURANCE	COMPA	NY CIVI	C FUND
	Organization, Affiliated Committee, Joint F			
MOTORISTS MUTUA	L INSURANCE COMPANY CI	VIC FUND		
Mailing Address	471 E BROAD ST			
	COLUMBUS		OH 43	3215
	CITY		STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number op	otional) and positio	n of the person	in possession of committee
Charles R	. Gaskill			
Full Name	,1425 Briarmeadow Dr.			
Mailing Address				
	Columbus		OH L4	3235
Title or Position	CITY	5	STATE	ZIP CODE
Secretary		Telephone numb	er 614	8593
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the o	committee; and	the name and address of
Full Name Mrs. Susar	n E. Haack			
Mailing Address	7494 Heffley Court			
	Canal Winchester		OH 43	3110
Title or Position	CITY	S	STATE	ZIP CODE
Treasurer		Telephone numb	er 614	8691

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Full Name of Designated Agent	Charles R. Gaskill	
Mailing Address	1425 Briarmeadow Dr.	
	Columbus OH 43235 CITY STATE	ZIP CODE
Title or Position Secretary		225 - 8593
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	,
	PNC Financial Services Group, Inc.	
Mailing Address		
	PNC Financial Services Group, Inc.	
	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo MI 49009	ZIP CODE
	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo CITY STATE	ZIP CODE
Mailing Address	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo CITY STATE	ZIP CODE
Mailing Address	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	PNC Financial Services Group, Inc. One Financial Parkway Kalamazoo CITY STATE	ZIP CODE