PAGE 1 / 12

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Thai	n An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼ Example: If typing, type over the lines.	12FE4M5
MOTORISTS MU	ΓUAL INSURANC	CE COMPANY CIVIC FUND	
ADDRESS (number and stre	eet) 471 E BROAD S	ST	
Check if different than previously reported. (ACC)	COLUMBUS		OH 43215 -
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00336834		3. IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Reports:  July 15 Quarterly Report Report Report Report (Non-Year Only) (Non-Year On	poort (Q1)  coort (Q2)  coort (Q2)  coort (Q3)  coort (YE)  fear election filty  fear Report  (c) 12-Da PRE- Report  PRE- Report  (d) 30-Da POST  Report  Report  POST  Report  POST	Election rt for the:  Convention (12C)  Election on	(Non-Election Year Only)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
Termination F (TER)	neport	Election on	in the State of
5. Covering Period	04 / 01	2020 through 06	
I certify that I have examin Type or Print Name of Tre	Moore, Marche	the best of my knowledge and belief it is lle, , ,	true, correct and complete.
Signature of Treasurer	Moore, Marchelle, , ,	[Electronically Filed]	Date 07 / 15 / 2020
NOTE: Submission of false,	erroneous, or incomplete	e information may subject the person signir	ng this Report to the penalties of 52 U.S.C. § 30109
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 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 53044.30 January 1, 2020 (b) Cash on Hand at 53609.30 Beginning of Reporting Period..... 6115.00 6680.00 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 59724.30 59724.30 6(a) and 6(c) for Column B)..... 0.00 0.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 59724.30 59724.30 (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: 04		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)	900.00	900.00
	(ii) Unitemized	5215.00	5780.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	6115.00	6680.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	6115.00	6680.00
	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	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	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
10	Total Descipto (add Lives 44/4)		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	6115.00	6680.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6115.00	6680.00

### **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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to     Federal Candidates/Committees	4 4	0.00
and Other Political Committees	0.00	4 4 4
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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 (Including		
Non-Federal Donations)	0.00	0.00
<ul> <li>Federal Election Activity (52 U.S.C. § 3010<sup>-1</sup></li> <li>(a) Allocated Federal Election Activity (from Schedule H6)</li> </ul>	1(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	0.00

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 6115.00 6680.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 6680.00 6115.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36) ......

Name of Employer (for Individual)

General

Motorists Life Insurance Compa

Receipt For:

C.

Primary

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

						PAGE		6	OF		12
(check only one)											
	X	11a		11b		11c		12	2		
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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 Agan, Michael, J.,, Date of Receipt Mailing Address 5658 Tynecastle Loop 2020 City State Zip Code Transaction ID: SA11AI.30146 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 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Agan, Michael, J., , Date of Receipt Mailing Address 5658 Tynecastle Loop 06 2020 City State Zip Code Transaction ID: SA11AI.30159 Dublin ОН 43016 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item

Occupation (for Individual)

President MLIC

Aggregate Year-to-Date ▼

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

Other (specify) ▼	4	280.00	
Full Name of Individual (Last, First, Middle Ini Benintendi, Jeff, , ,	tial) or Full Org	ganization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop  City	State	Zip Code	05 29 2020  Transaction ID : SA11AI.30096
Dublin  FEC ID number of contributing federal political committee.	ОН	43016	Amount of Each Receipt this Period  50.00  Memo Item
Name of Employer (for Individual)  Motorists Insurance	EVP	pation (for Individual)	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			130.00

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

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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 Benintendi, Jeff, , ,  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)  Motorists Insurance  Receipt For:  Primary  General	State OH Zip Code 43016  C  Occupation (for Individual) EVP  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.30136  Amount of Each Receipt this Period  50.00  Memo Item  Payroll Deduction				
Other (specify) ▼  Full Name of Individual (Last, First, Middle Ini Benintendi, Jeff, , ,	300.00 tial) or Full Organization Name	Date of Receipt				
Mailing Address 5658 Tynecastle Loop  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Motorists Insurance  Receipt For:  Primary General Other (specify) ▼	State Zip Code 0H 43016  C  Occupation (for Individual) EVP  Aggregate Year-to-Date ▼  350.00	Transaction ID : SA11AI.30162  Amount of Each Receipt this Period  50.00  Memo Item  Payroll Deduction				
Full Name of Individual (Last, First, Middle Ini Howat, James, Christopher, ,  Mailing Address 250 Daniel Burnham Sq Unit &  City Columbus  FEC ID number of contributing federal political committee.	State Zip Code 43215	Date of Receipt  05 01 2020  Transaction ID : SA11AI.30002  Amount of Each Receipt this Period  50.00				
Name of Employer (for Individual)  Motorists Insurance  Receipt For:  Primary  Other (specify)	Occupation (for Individual) EVP  Aggregate Year-to-Date ▼  250.00	Payroll Deduction				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00				
TOTAL This Period (last page this line number	only)					

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

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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 In Howat, James, Christopher, ,		Date of Receipt
Mailing Address 250 Daniel Burnham Sq Unit		05 15 2020
City	State Zip Code	Transaction ID : SA11AI.30043
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Insurance	EVP	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	]
Full Name of Individual (Last, First, Middle In Howat, James, Christopher, ,	<i>,</i>	Date of Receipt
Mailing Address 250 Daniel Burnham Sq Unit	504	05 29 2020
City	State Zip Code	Transaction ID : SA11AI.30083
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP	Memo Item Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
Full Name of Individual (Last, First, Middle In Howat, James, Christopher, ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 250 Daniel Burnham Sq Unit	504	06 12 2020
City	State Zip Code	Transaction ID : SA11AI.30123
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)  Motorists Insurance	Occupation (for Individual) EVP	Memo Item Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	]
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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 INSU	RANCE COMPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle Howat, James, Christopher, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 250 Daniel Burnham Sq Ur	nit 504	06 26 2020				
City Columbus	State Zip Code OH 43215	Transaction ID : SA11AI.30179  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)  Motorists Insurance	Occupation (for Individual)	Memo Item Payroll Deduction				
Receipt For:  Primary General  Other (specify)   Other	Aggregate Year-to-Date ▼  450.00	1 dyron Deduction				
Full Name of Individual (Last, First, Middle McGee, Bill, , ,	Date of Receipt					
Mailing Address 48 E. Frankfort St.  City Columbus  FEC ID number of contributing	State Zip Code OH 43206	Transaction ID : SA11AI.30080  Amount of Each Receipt this Period				
federal political committee.  Name of Employer (for Individual) Motorists Insurance  Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) SVP  Aggregate Year-to-Date ▼  240.00	Memo Item Payroll Deduction				
Full Name of Individual (Last, First, Middle McGee, Bill, , , Mailing Address 48 E. Frankfort St.		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 Columbus	State Zip Code OH 43206	Transaction ID : SA11AI.30120  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer (for Individual)  Motorists Insurance  Receipt For:  Primary General Other (specify)	Occupation (for Individual) SVP  Aggregate Year-to-Date ▼  280.00	Memo Item Payroll Deduction				
SUBTOTAL of Receipts This Page (optional).	·	130.00				
TOTAL This Period (last page this line numb	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r ne name and addr	not be sold or used by any press of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE COM	IPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle In McGee, Bill, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 48 E. Frankfort St.			06 26 2020				
City	State Zip Code OH 43206		Transaction ID : SA11AI.30186				
Columbus	ОП	43206	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		40.00				
Name of Employer (for Individual)  Motorists Insurance	Occupa SVP	tion (for Individual)	Memo Item Payroll Deduction				
Receipt For:	Aggregate Yea	ar-to-Date ▼					
Primary General Other (specify) ▼	7	320.00	]				
Full Name of Individual (Last, First, Middle In Obrokta, TJ, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 8810 Ventura Way	05 29 2020						
City	State OH	Zip Code	Transaction ID : SA11AI.30114				
Dublin	On	43016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) Motorists Insurance Group	Occupa Preside	ation (for Individual) ent	Memo Item Payroll Deduction				
Receipt For:  Primary  General	Aggregate rear-to-bate v						
Other (specify) ▼		250.00	]				
Full Name of Individual (Last, First, Middle In Obrokta, TJ, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 8810 Ventura Way			06 12 2020				
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30156				
FEC ID number of contributing		100.0	Amount of Each Receipt this Period  50.00				
federal political committee.	C						
Name of Employer (for Individual)  Motorists Insurance Group	Occupa Preside	tion (for Individual)	Memo Item Payroll Deduction				
Receipt For:	ar-to-Date ▼						
Primary General Other (specify)	1.55.554.6 100	300.00	]				
SUBTOTAL of Receipts This Page (optional)			140.00				
TOTAL This Period (last page this line number	r only)						

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 Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 26 2020 City State Zip Code Transaction ID: SA11AI.30189 ОН Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee.

Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Motorists Insurance Group  Receipt For:  Primary General  Other (specify) ▼	President  Aggregate Year-to-Date ▼  350.00	Payroll Deduction				
Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,  Mailing Address 250 Daniel Burnham Sq Unit  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Motorists Insurance Group  Receipt For: Primary General Other (specify)		Date of Receipt  M				
Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,  Mailing Address 250 Daniel Burnham Sq Unit City Columbus  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify)		Date of Receipt    Market   Ma				
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	r only)	150.00				
		FEC <b>Schedule A (Form 3X)</b> Rev. 06/20				

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

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions eto solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE COM	IPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle Wilcox, Matt, , ,  Mailing Address 250 Daniel Burnham Sq Un		nization Name	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30198  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual)  Motorists Insurance Group  Receipt For:  Primary General  Other (specify) ▼	Occupat EVP Aggregate Yea	tion (for Individual) ar-to-Date ▼ 350.00	Memo Item Payroll Deduction				
Full Name of Individual (Last, First, Middle  3.  Mailing Address  City	Initial) or Full Organ	nization Name	Date of Receipt				
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	C	tion (for Individual)	Amount of Each Receipt this Period  Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼					
Full Name of Individual (Last, First, Middle	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address	ailing Address						
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼					
SUBTOTAL of Receipts This Page (optional).			50.00				
TOTAL This Period (last page this line number	er only)		900.00				