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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 04 06 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/19

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND D D " D 2010 0 1 0 1 2010 0.3 31 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 13943.28 January 1 (b) Cash on Hand at 13943.28 Begining of Reporting Period 10945.10 10945.10 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 24888.38 24888.38 6(a) and 6(c) for Column B) 18434.00 18434.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 6454.38 6454.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed 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. 06/2004) 3 / 19

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period:

From:

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^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2235.30	2235.30
	(ii) Unitemized	8709.80	8709.80
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10945.10	10945.10
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10945.10	10945.10
	ransfers From Affiliated/Other ≥arty Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
((Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	10945.10	10945.10
	otal Federal Receipts subtract Line 18(c) from Line 19)	10945.10	10945.10

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	10.00	10.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	10.00	10.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to		
Federal Candidates/Committeesand Other Political Committees	6500.00	6500.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	11924.00	11924.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Lines 50(a)(i), 50(a)(ii) and 50(0))		
31. Total Disbursements (add Lines 21(c), 22,	18434.00	10424 00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10434.00	18434.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1010100	10101.00
from Line 31)	18434.00	18434.00

DETAILED SUMMARY PAGE

of Disbursements

	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)	10945.10	10945.10
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10945.10	10945.10
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10.00	10.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	10.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 19 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
Mailing Address 1390 Picardae Court			02 05 2010
City	State	Zip Code	Transaction ID: SA11AI.12662
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	Payroll deduction of \$80 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
Mailing Address 1390 Picardae Court			02 19 2010
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.12737
FEC ID number of contributing federal political committee.	C	43003	Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance	Occupatio	n n, President and CEO	Payroll deduction of \$80 per pay
Co. Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
Mailing Address 1390 Picardae Court			0 3 0 5 2 0 1 0
City Powell	State OH	Zip Code	Transaction ID: SA11AI.12828
FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	-, '	n, President and CEO	Payroll deduction of \$80 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00]
SUBTOTAL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 480.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Edward F. Caron Mailing Address 29 Hazelwood Rd. City Hudson FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify)	State Zip Code NH 03051 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridge City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code IN 47401 C Occupation Director Aggregate Year-to-Date 230.40	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	387.60

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridge City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code IN 47401 C Occupation Director Aggregate Year-to-Date 288.0	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code IN 47401 C Occupation Director Aggregate Year-to-Date 345.6	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 9 2 0 1 0 Transaction ID: SA11AI.12974 Amount of Each Receipt this Period 57.60 Payroll deduction of \$5760 per pay
Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd. City Contoocook FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify)	State Zip Code NH 03229 C Occupation President Aggregate Year-to-Date ▼ 650.0	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		765.20

City State Zip Code Contoocook NH 03229 FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 2135 Hunters Ridge Court City State Zip Code Mailing Address 2135 Hunters Ridge Court Name of Employer Phenix Mutual FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Occupation Director Receipt For: Mailing Address 2135 Hunters Ridge Court Name of Employer Aggregate Year-to-Date ▼ Payroll deduction of \$45 per pay Date of Receipt Date of Receipt Hose Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Date of Receipt Payroll deduction of \$45 per pay Date of Receipt Payroll deduction of \$45 per pay Date of Receipt Date of Receipt Mailing Address 2135 Hunters Ridge Court	o 1 0
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd. City State Zip Code Contoocook NH 03229 FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify) ▼ FIII Name (Last, First, Middle Initial) Name of Employer Mailing Address 2135 Hunters Ridge Court Name of Employer Phenix Mutual FEC ID number of contributing federal political committee. Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.12 Amount of Each Receipt this F State Zip Code Mailing Address 2135 Hunters Ridge Court City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Occupation Director Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction of \$45 per pay Date of Receipt Date of Receipt Mailing Address 2135 Hunters Ridge Court Director Receipt For: Primary General Other (specify) ▼ Date of Receipt Date	0 1 0 794 eriod 62.50
Mailing Address 63 Penacook Rd. City State Zip Code NH 03229 FEC ID number of contributing federal political committee. Name of Employer Mailing Address 2135 Hunters Ridge Court City State Zip Code NH 03229 Amount of Each Receipt Tins Feceipt President Receipt For: Primary General Other (specify) ▼ 812.50 Aggregate Year-to-Date ▼ 03 1 2 2 2 5 0 0 Date of Receipt For: Primary General Other (specify) ▼ 1 2 2 2 5 0 0 Date of Receipt For Transaction ID: SA11AI.12: Amount of Each Receipt For Date ▼ 0 3 1 2 2 2 5 0 0 Date of Receipt For Transaction ID: SA11AI.12: Amount of Each Receipt For Transactio	0 1 0 794 eriod 62.50
City State Zip Code Contoocook NH 03229 FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual President Receipt For: Primary General Other (specify) ▼ 812.50 FUII Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Occupation Director Receipt For: Primary General Occupation Director Receipt For: Primary General Occupation Director Receipt For: Primary General Other (specify) ▼ 225.00 Date of Receipt For Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Date of Receipt For Payroll deduction of \$45 per pay Date of Receipt For Payroll deduction of \$45 per pay Date of Receipt For Payroll deduction of \$45 per pay Date of Receipt For Payroll deduction of \$45 per pay Date of Receipt For Payroll deduction of \$45 per pay Date of Receipt Payroll deduction of \$45 per pay Date of Receipt Payroll deduction of \$45 per pay Date of Receipt Payroll Date of Receipt Payroll Payro	0 1 0 794 eriod 62.50
Contoocook NH 03229 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For:	eriod 62.50
FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Date of Receipt Manitowoc WI 54220 FEC ID number of contributing federal political committee. Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Date of Receipt	62.50
Name of Employer Phenix Mutual President Receipt For:	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City State Zip Code WI 54220 Manitowoc WI 54220 Receipt For: Primary General Occupation Director Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction of \$45 per pay Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Payroll deduction of \$45 per pay Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court	
Primary	
Transaction ID: SA11AI.12 Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court	YV
Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Date of Receipt Transaction ID: SA11AI.129 Amount of Each Receipt this F Payroll deduction of \$45 per pay Date of Receipt	Y
City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court State Zip Code Transaction ID: SA11AI.129 Amount of Each Receipt this Function Director Payroll deduction of \$45 per pay Date of Receipt M M / D D / Y Y Y	YV
Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Amount of Each Receipt this Function Payroll deduction of \$45 per pay Payroll deduction of \$45 per pay Date of Receipt M M M / D D / Y Y Y	010
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) Other (specify) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Payroll deduction of \$45 per pay	000
federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court	eriod
Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Occupation Director Aggregate Year-to-Date ▼ 225.00 Per pay Date of Receipt M M / D D / Y Y Y	45.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Date of Receipt	
Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court	
Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court Date of Receipt	
Mailing Address 2135 Hunters Ridge Court	
	010
City State Zip Code Transaction ID: SA11AI.129	75
Manitowoc WI 54220 Amount of Each Receipt this F	eriod
federal political committee.	45.00
Name of Employer Motorists Mutual Ins. Co. Occupation Director Payroll deduction of \$45 per pay	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 270.00	
SUPTOTAL of Pagainta This Paga (antional)	
SUBTOTAL of Receipts This Page (optional)	52.50

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 2 City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer retired from MIG Receipt For: Primary General Other (specify)	State Zip Code FL 33953 C Occupation MIG Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 2 City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer retired from MIG Receipt For: Primary General Other (specify)	State Zip Code FL 33953 C Occupation MIG Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bradford P. Smith Mailing Address 13 Old Stagecoach F City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify)	State Zip Code NH 03229 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	350.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any pene name and address of any political committees. COMPANY CIVIC FUND	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date 220.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date 275.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date 330.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		165.00

A.

PAGE 12/19 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Mr. Robert L. Western Date of Receipt Mailing Address 5203 South 8th Street 03 19 2010 City State Zip Code Transaction ID: SA11Al.12973 Sheboygan W 53081 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Payroll deduction of \$40 Name of Employer Wilson Mutual Ins. Company Occupation per pay President Receipt For: Aggregate Year-to-Date Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) В. Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop 0 3 19 2010 City State Zip Code Transaction ID: SA11AI.12957 Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Payroll deduction of \$35 Name of Employer Motorists Mutual Insurance Occupation per pay Treasurer Company Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00

SUBTOTAL of Receipts This Page (optional)	•	75.00
TOTAL This Period (last page this line number only)	<u> </u>	2235.30

Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 13 / 19
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one)
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	··		
Full Name (Last, First, Middle Initial) Latta for Congress			Transaction ID: SB23.12802 Date of Disbursement
Mailing Address PO Box 106			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix}$
City Bowling Green	State Zip Code OH 43402		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions Candidate Name		011	1000.00
Latta for Congress	rsement For: 2010	Category/ Type	
Senate President State: OH District:	X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) NAMIC PAC			Transaction ID: SB23.12798 Date of Disbursement
Mailing Address 122 C Street, NW, Sui	te 540		$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}2^{M}\end{smallmatrix}]\ /\ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}2^{D}\end{smallmatrix}]\ /\ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}2^{Y}0^{Y}\\0^{Y}\end{smallmatrix}0^{Y}$
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name NAMIC PAC		Category/ Type	
Office Sought: House Disbu	x Primary 2010 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Stivers for Congress			Transaction ID: SB23.13004 Date of Disbursement
Mailing Address 211 S. Fifth St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & I & 0 \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	500.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President	xsement For: 2010 X Primary General Other (specify)		
State: District:			
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	ull Name (Last, citizens for Ke	First, Middle Initial) vin Bacon								ID: SB ursement		05	
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	ity Columbus			tate)H	Zip Code 43231			Amo	unt of E	ach Disbu			erio
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M	lailing Address	357 East Torre	nce Road					0 ^M 2	M /	^D 2 2 /	y y	0 1 0	Υ
Ci	ity Columbus			tate DH	Zip Code 43214			Amo	unt of E	ach Disbu	ırsemen	t this P	erio
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Any Information copied from such Reports and Statemor for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any pointear		ilott contributions from	3den committee	
MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND				
Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris			Transaction ID: Date of Disbursem	ent	
Mailing Address 1238 Township Road 150	16		03 16	y 2010	
Ashland	State Zip Code OH 44805		Amount of Each Di	sbursement this Period	
Purpose of Disbursement Contribution		011		250.00	
Candidate Name Committee to Elect Bill Harris	0010	Category/ Type			
President	ment For: 2010 Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener			Transaction ID: Date of Disbursem	ent	
Mailing Address 23 South Center Street			03 16	y žo jo	
,	State Zip Code OH 45502		Amount of Each Di	sbursement this Period	
Purpose of Disbursement Contribution		011		500.00	
Candidate Name Committee to Elect Chris Widener		Category/ Type			
Office Sought: Senate President State: OH District: 10	ment For: 2010 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) Committee to Elect Niehaus			Transaction ID: Date of Disbursem		
Mailing Address 1131 Little Indiana Creek	Road		03 16	Y 2010	
	State Zip Code OH 45157-9602		Amount of Each Di	sbursement this Period	
Purpose of Disbursement Contribution		011		500.00	
Candidate Name Committee to Elect Niehaus		Category/ Type			
X Senate X President	nent For: 2010 Primary General Other (specify)				
State: OH District: 14 SUBTOTAL of Disbursements This Page (optional)				1250.00	
TOTAL This Period (last page this line number only)					

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND		
Full Name (Last, First, Middle Initial) DeWine for Ohio			Transaction ID: SB29.12806 Date of Disbursement
Mailing Address 2587 Conley Rd.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & O \end{bmatrix} \ \ \\ \begin{bmatrix} M & Z & M \\ Z & M & M \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
City Cedarville	State Zip Code OH 45314		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2500.00
Candidate Name DeWine for Ohio Office Sought: House Disb	ursement For: 2010	Category/ Type	
Senate President	X Primary General Other (specify) ▼		
State: OH District: Full Name (Last, First, Middle Initial)			Transaction ID: SB29.12812
French for Judge			Date of Disbursement
Mailing Address 100 South Third Street	et		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	250.00
Candidate Name French for Judge		Category/ Type	
Senate President	xrsement For: 2010 X Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) Friends of David Davids			Transaction ID: SB29.12813
Friends of David Daniels Mailing Address 440 North St.			Date of Disbursement M M M / D D D / Y Y Y O Y O Y 2 2 7 2 0 1 0
City Greenfield	State Zip Code OH 45123		Amount of Each Disbursement this Peric
Purpose of Disbursement Contribution	311 43120	011	250.00
Candidate Name Friends of David Daniels		Category/ Type	
Office Sought: House Disb Senate President	ursement For: 2010 X Primary General Other (specify) ▼		
State: District:			

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								for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COM	•				0011111		
	Full Name (Last, Friends of Sha	First, Middle Initial) nnon Jones						Transaction ID: SB29.12992 Date of Disbursement
	Mailing Address	800 Valley View	Point					03
	City Springboro		State OH		Zip Code 45066			Amount of Each Disbursement this Perio
	Purpose of Disbu Contribution	rsement				_	11	500.00
	Candidate Name Friends of Sha Office Sought:		Disbursemen	+ For:	2010		egory/ /pe	
		House Senate President	X Pri		General			
	State: OH Full Name (Last, Karen Gillmor	District: 07 First, Middle Initial) for Ohio						Transaction ID: SB29.13003 Date of Disbursement
	Mailing Address	P.O. Box 278						$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M & \begin{smallmatrix}D\\O1\end{smallmatrix}^D & \begin{smallmatrix}D\\O\end{smallmatrix}^Y & \begin{smallmatrix}Y\\O1\end{smallmatrix}^O\end{smallmatrix}^Y$
	City Tiffin		State OH		Zip Code 44883-0278			Amount of Each Disbursement this Perio
	Purpose of Disbu Contribution	rsement				Ö	11	250.00
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	Candidate Name Karen Gillmor	for Ohio				Cate	/pe	
		for Ohio House Senate President District:	Disbursemen X Prii Oth		2010 General cify)	Cate		
	Karen Gillmor Office Sought: State:	House Senate President District: First, Middle Initial)	X Pri	mary	General	Cate		Transaction ID: SB29.12817 Date of Disbursement
	Karen Gillmor Office Sought: State: Full Name (Last,	House Senate President District: First, Middle Initial)	X Prii Oth	mary	General	Cate		
	Karen Gillmor Office Sought: State: Full Name (Last, O'Connor for C	House Senate President District: First, Middle Initial) Chief Justice	X Prii Oth	mary ner (spe	General	Cate		Date of Disbursement O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Karen Gillmor Office Sought: State: Full Name (Last, O'Connor for Connor for Connor for Connor for Conton Mailing Address City Columbus Purpose of Disbut Contribution	House Senate President District: First, Middle Initial) Chief Justice 260 N Cassady	Ave State	mary ner (spe	General cify) ▼	Cate	/pe	Date of Disbursement O 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Karen Gillmor Office Sought: State: Full Name (Last, O'Connor for Connor for	House Senate President District: First, Middle Initial) Chief Justice 260 N Cassady Presment Chief Justice	Ave State OH	mary ner (spe	General cify) ▼ Zip Code 43209	Cate Ty	/pe	Date of Disbursement O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
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Full Name (Last, First, Middle Initial) PAMIC PAC Mailing Address 1017 Mumma Rd.			Transaction ID: SB29.12808 Date of Disbursement O 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 103 City Wormleysburg	State Zip Code PA 17043		Amount of Each Disbursement this Perioc
Purpose of Disbursement Contribution Candidate Name PAMIC PAC		011 Category/	500.00
	ursement For: 2010 X Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) Re-elect Justice Lanzinger Committee			Transaction ID: SB29.12810 Date of Disbursement
Mailing Address 260 N Cassady Ave			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43209		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions Candidate Name Re-elect Justice Lanzinger Committee		011 Category/ Type	2087.00
Office Sought: Senate President State: Disb	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Seitz for State Representative			Transaction ID: SB29.12983 Date of Disbursement
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Mailing Address 4401 Abby Court			
Mailing Address 4401 Abby Court City Cincinnati	State Zip Code OH 43248		Amount of Each Disbursement this Perio
City Cincinnati Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Perio
City Cincinnati Purpose of Disbursement Contribution Candidate Name Seitz for State Representative	OH 43248	011 Category/ Type	
City Cincinnati Purpose of Disbursement Contribution Candidate Name Seitz for State Representative		Category/	Amount of Each Disbursement this Period 500.00

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)	FOR LINE	NUMBER: PAGE 19 / 19
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	y Information copied from such Reports and S for commercial purposes, other than using the			' '
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
	Full Name (Last, First, Middle Initial) Tim Schaffer for Ohio Senate			Transaction ID: SB29.12998 Date of Disbursement 0 3
	Mailing Address 1173 Stone Run Cou City Lancaster	State Zip Code OH 43130		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	250.00
	Candidate Name Tim Schaffer for Ohio Senate		Category/ Type	
	Office Sought: House Disi	bursement For: 2010 X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	11924.00