

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST  
 Check if different than previously reported. (ACC)  
COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** C00336834  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael L. Wiseman  
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 04 06 2010

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 Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	13943.28									
(c) Total Receipts (from Line 19) .....	10945.10	10945.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	24888.38	24888.38								
7. Total Disbursements (from Line 31) .....	18434.00	18434.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6454.38	6454.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	2235.30	2235.30
(ii) Unitemized .....	8709.80	8709.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10945.10	10945.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10945.10	10945.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	10945.10	10945.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10945.10	10945.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 02 / 05 / 2010</p> <p><b>Transaction ID:</b> SA11AI.12662</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">320.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 02 / 19 / 2010</p> <p><b>Transaction ID:</b> SA11AI.12737</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 05 / 2010</p> <p><b>Transaction ID:</b> SA11AI.12828</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">240.00</span>
<b>TOTAL</b> 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

FOR LINE NUMBER: PAGE 7 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A.** Full Name (Last, First, Middle Initial)  
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 03 / 19 / 2010  
Transaction ID: SA11AI.12905  
Amount of Each Receipt this Period: 80.00  
Payroll deduction of \$80 per pay

**B.** Full Name (Last, First, Middle Initial)  
Edward F. Caron

Mailing Address 29 Hazelwood Rd.

City State Zip Code  
Hudson NH 03051

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2010  
Transaction ID: SA11AI.12792  
Amount of Each Receipt this Period: 250.00  
Annual deduction from Director fee of \$250

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.40

Date of Receipt: 02 / 19 / 2010  
Transaction ID: SA11AI.12730  
Amount of Each Receipt this Period: 57.60  
Payroll deduction of \$57.-60 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **387.60**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 05 / 2010

**Transaction ID:** SA11AI.12899

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-  
60 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.60

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 19 / 2010

**Transaction ID:** SA11AI.12974

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-  
60 per pay

**C.** 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. **C**

Name of Employer Phenix Mutual Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y Y  
01 / 13 / 2010

**Transaction ID:** SA11AI.12496

Amount of Each Receipt this Period 650.00

Cash Payment

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **765.20**

**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

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

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. **C**

Name of Employer Occupation  
Phenix Mutual President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 812.50

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.12794

Amount of Each Receipt this Period

162.50

Qtrly Cash Contribution

B.

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. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.12900

Amount of Each Receipt this Period

45.00

Payroll deduction of \$45 per pay

C.

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. **C**

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.12975

Amount of Each Receipt this Period

45.00

Payroll deduction of \$45 per pay

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

252.50

**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

FOR LINE NUMBER: PAGE 10 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010  
Transaction ID: SA11AI.12901  
Amount of Each Receipt this Period: 50.00  
Payroll deduction of \$50 per pay

**B.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

FEC ID number of contributing federal political committee. **C**

Name of Employer retired from MIG Occupation MIG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 19 / 2010  
Transaction ID: SA11AI.12976  
Amount of Each Receipt this Period: 50.00  
Payroll deduction of \$50 per pay

**C.** Full Name (Last, First, Middle Initial)  
Bradford P. Smith

Mailing Address 13 Old Stagecoach Rd.

City State Zip Code  
Hopkinton NH 03229

FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 13 / 2010  
Transaction ID: SA11AI.12494  
Amount of Each Receipt this Period: 250.00  
Cash Payment

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**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	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.12733
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.12902
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.12977
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> 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

FOR LINE NUMBER: PAGE 12 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** SA11AI.12973

Amount of Each Receipt this Period  
40.00

Payroll deduction of \$40 per pay

**B.** Full Name (Last, First, Middle Initial)  
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code  
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Motorists Mutual Insurance Company Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** SA11AI.12957

Amount of Each Receipt this Period  
35.00

Payroll deduction of \$35 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**TOTAL** This Period (last page this line number only) ..... ► **2235.30**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Latta for Congress <hr/> Mailing Address PO Box 106 <hr/> City Bowling Green State OH Zip Code 43402 <hr/> Purpose of Disbursement Contributions Candidate Name Latta for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12802 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NAMIC PAC <hr/> Mailing Address 122 C Street, NW, Suite 540 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Contribution Candidate Name NAMIC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12798 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 211 S. Fifth St. <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6500.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens for Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 21</p>	<p><b>Transaction ID:</b> SB29.12805 <b>Date of Disbursement:</b> 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney</p> <p>Mailing Address 357 East Torrence Road</p> <p>City Columbus State OH Zip Code 43214</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens to Elect John Patrick Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 22</p>	<p><b>Transaction ID:</b> SB29.12804 <b>Date of Disbursement:</b> 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee for Jim Hughes</p> <p>Mailing Address 14 East Gay Street 2nd Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Committee for Jim Hughes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 22</p>	<p><b>Transaction ID:</b> SB29.13000 <b>Date of Disbursement:</b> 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris <hr/> Mailing Address 1238 Township Road 1506 <hr/> City Ashland State OH Zip Code 44805 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Committee to Elect Bill Harris <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.12991 <b>Date of Disbursement</b> <input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	Amount of Each Disbursement this Period <input type="text" value="250.00"/>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener <hr/> Mailing Address 23 South Center Street <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Committee to Elect Chris Widener <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 10	<b>Transaction ID:</b> SB29.12982 <b>Date of Disbursement</b> <input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Niehaus <hr/> Mailing Address 1131 Little Indiana Creek Road <hr/> City New Richmond State OH Zip Code 45157-9602 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Committee to Elect Niehaus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14	<b>Transaction ID:</b> SB29.12990 <b>Date of Disbursement</b> <input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b> Full Name (Last, First, Middle Initial) DeWine for Ohio <hr/> Mailing Address 2587 Conley Rd. <hr/> City Cedarville State OH Zip Code 45314 <hr/> Purpose of Disbursement Contribution Candidate Name DeWine for Ohio Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12806 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) French for Judge <hr/> Mailing Address 100 South Third Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Contribution Candidate Name French for Judge Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12812 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of David Daniels <hr/> Mailing Address 440 North St. <hr/> City Greenfield State OH Zip Code 45123 <hr/> Purpose of Disbursement Contribution Candidate Name Friends of David Daniels Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12813 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones	Transaction ID: SB29.12992 Date of Disbursement 03 / 16 / 2010
	Mailing Address 800 Valley View Point	Amount of Each Disbursement this Period 500.00
	City Springboro State OH Zip Code 45066	
	Purpose of Disbursement Contribution Candidate Name Friends of Shannon Jones Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Karen Gillmor for Ohio	Transaction ID: SB29.13003 Date of Disbursement 03 / 16 / 2010
	Mailing Address P.O. Box 278	Amount of Each Disbursement this Period 250.00
	City Tiffin State OH Zip Code 44883-0278	
	Purpose of Disbursement Contribution Candidate Name Karen Gillmor for Ohio Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) O'Connor for Chief Justice	Transaction ID: SB29.12817 Date of Disbursement 02 / 22 / 2010
	Mailing Address 260 N Cassady Ave	Amount of Each Disbursement this Period 2087.00
	City Columbus State OH Zip Code 43209	
	Purpose of Disbursement Contribution Candidate Name O'Connor for Chief Justice Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2837.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PAMIC PAC</b>  Mailing Address 1017 Mumma Rd. Suite 103  City Wormleysburg State PA Zip Code 17043  Purpose of Disbursement Contribution Candidate Name PAMIC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.12808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Re-elect Justice Lanzinger Committee</b>  Mailing Address 260 N Cassady Ave  City Columbus State OH Zip Code 43209  Purpose of Disbursement Contributions Candidate Name Re-elect Justice Lanzinger Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.12810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 2087.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Seitz for State Representative</b>  Mailing Address 4401 Abby Court  City Cincinnati State OH Zip Code 43248  Purpose of Disbursement Contribution Candidate Name Seitz for State Representative Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 30	<b>Transaction ID:</b> SB29.12983 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3087.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)  
Tim Schaffer for Ohio Senate

Transaction ID: SB29.12998

Date of Disbursement

Mailing Address 1173 Stone Run Court

/   /

City State Zip Code  
Lancaster OH 43130

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Tim Schaffer for Ohio Senate

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

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