Image# 201905219149823271				PAGE 1 / 52	
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	;		
1. NAME OF TY	PE OR PRINT ▼	Example: If typing	, type	Office Use Only	
COMMITTEE (in full)		over the lines.	12FE4	IM 5	
			ND		
ADDRESS (number and street)	71 E BROAD ST				
Check if different					
than previously reported. (ACC)	COLUMBUS		OH	43215	
2. FEC IDENTIFICATION NUME			STATE 🔺	ZIP CODE	
C C00336834	3. IS RE	THIS NE) 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: Mar 2	0 (M3) Ju 0 (M4) Ju Primary (12P) Convention (1: on M M / General (30G)	n 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) ral (12G) Runoff (12R) in the State of Special (30S) ff (30R) in the State of Y in the State of	
5. Covering Period 11 27 2018 through 12 31 2018 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Moore, Marchelle, , , Type or Print Name of Treasurer					
Signature of Treasurer	archelle, , ,	[Electronically]	Filed] Date 0		
NOTE: Submission of false, erroneous	, or incomplete information	may subject the perso	n signing this Report	to the penalties of 52 U.S.C. § 30109	
Office Use Only				FEC FORM 3X Rev. 05/2016	

05/21/2019 15 : 51

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:		M M / D D / Y Y Y Y 12 31 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		48201.36
	(b) Cash on Hand at Beginning of Reporting Period	43230.65	
	(c) Total Receipts (from Line 19)	4315.00	30285.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	47545.65	78486.36
7.	Total Disbursements (from Line 31)	5012.50	35953.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42533.15	42533.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

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:	/ 27 / 2018 T	D: 12 / D D / Y Y Y Y 31 2018	
	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)	4255.00	20205.00	
	(ii) Unitemized	60.00	10080.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4315.00	30285.00	
	(b) Political Party Committees	0.00	0.00	
	 (c) Other Political Committees (such as PACs)	0.00	0.00	
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)► Transfers From Affiliated/Other	4315.00	30285.00	
12.	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 Other Federal Receipts	0.00	0.00	
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00	
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
	(b) Levin Funds (from Schedule H5)	0.00	0.00	
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4315.00	30285.00	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4315.00	30285.00	

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page 4 COLUMN B Calendar Year-to-Date	
II. Disbursements	COLUMN A Total This Period		
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	12.50	2753.21	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))	12.50	2753.21	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00	
Loon Ponovmente Mede	0.00		
Loan Repayments Made	0.00	0.00	
Loans Made 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 (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)	5000.00	33200.00	
Federal Election Activity (52 U.S.C. § 30101) (a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5012.50	35953.21	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	5012.50	35953.21	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	; Fo	rm	3X	(F	Rev.	05/2	016)	

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

					4315.00
		-7		-7	
					0.00
		-	1	-7	0.00
					4315.00
		-		-	4313.00
					12.50
	1	7	1	-7	
					0.00
1.00		7		7	
					12.50
		-7-		-7-	

				30285.00
_	-7-		-7-	30205.00
				0.00
_	 7	1	 -7	0.00
				30285.00
	 - 7		 -	30265.00
				2753.21
	 7		 7	2755.21
				0.00
	 -7		 -7	0.00
				0750.04
	 -7-		 -7-	2753.21

COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUN	D
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 11 30 2018
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For:	Pres	upation (for Individual) sident MLIC	Payroll Deduction
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00	
Full Name of Individual (Last, First, Middle Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28556
Dublin FEC ID number of contributing federal political committee.	С	43016	Amount of Each Receipt this Period
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop			12 28 2018
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For:	Pres	upation (for Individual) ident MLIC	Memo Item Payroll Deduction
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00	
SUBTOTAL of Receipts This Page (optional			120.00
TOTAL This Period (last page this line num	ber only)		▶ <u>• • • • • • • • • • • • • • • • • • •</u>

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

7 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE				
Full Name of Individual (Last, First, Middle A. Ashcraft, David, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1323 Ada Lane			M M / D D / Y Y Y Y 11 30 2018			
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.28519 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Insurance						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	1			
B. Full Name of Individual (Last, First, Middle Ashcraft, David, , , Mailing Address 1323 Ada Lane	Initial) or Full C	rganization Name	Date of Receipt			
City	State	Zip Code 60540	12 14 2018 Transaction ID : SA11AI.28557			
Naperville FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
Name of Employer (for Individual) Motorists Insurance	Occ VP	upation (for Individual)	Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]			
Full Name of Individual (Last, First, Middle C. Ashcraft, David, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1323 Ada Lane			12 / D D / Y Y Y Y 12 28 2018			
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.28605 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Insurance	Occ VP	upation (for Individual)	Payroll Deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]			
SUBTOTAL of Receipts This Page (optional)			75.00			
TOTAL This Period (last page this line numb	er only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions			
Full Name of Individual (Last, First, Middle I A. Begley, Jolie, , ,	Initial) or Full C	Prganization Name	Date of Receipt			
Mailing Address 2645 McVey Blvd West			11 30 2018			
City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.28533 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual) o	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]			
Full Name of Individual (Last, First, Middle Begley, Jolie, , , Mailing Address 2645 McVey Blvd West	Initial) or Full C	rganization Name	Date of Receipt			
City Columbus	State OH	Zip Code 43235	12 14 2018 Transaction ID : SA11AI.28558 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Insurance Group	Occ AVI	upation (for Individual) P	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]			
Full Name of Individual (Last, First, Middle I C. Begley, Jolie, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 2645 McVey Blvd West			12 / D D / Y Y Y Y 28 2018			
City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.28606 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Insurance Group Receipt For:	AVF		Payroll Deduction			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]			
SUBTOTAL of Receipts This Page (optional)			45.00			
TOTAL This Period (last page this line number	er only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions be to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUNE)			
Full Name of Individual (Last, First, Midc A. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 11 30 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28529 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Motorists Insurance	Occi EVF	upation (for Individual)	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]			
Full Name of Individual (Last, First, Mide B. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop	12 / 14 / 2018					
Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28559 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Motorists Insurance	Occu	upation (for Individual)	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]			
Full Name of Individual (Last, First, Midc C. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			12 / D D / Y Y Y Y 28 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28607 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Motorists Insurance	Occu EVP	upation (for Individual)	Payroll Deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00				
SUBTOTAL of Receipts This Page (option	al)		150.00			
TOTAL This Period (last page this line nut	mber only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	SURANCE CO	OMPANY CIVIC FUNE)				
Full Name of Individual (Last, First, M Bills, Alissa, , ,	iddle Initial) or Full O	Date of Receipt					
Mailing Address 5300 Snider Loop			11 / Y Y Y Y 11 30 2018				
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28505 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) 9 Marketing	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, M Bills, Alissa, , , Mailing Address 5300 Snider Loop	iddle Initial) or Full O	rganization Name	Date of Receipt				
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28560				
New Albany	ОН	43054	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]				
Full Name of Individual (Last, First, M C. Bills, Alissa, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Bills, Alissa, , ,						
Mailing Address 5300 Snider Loop							
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28608 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) Marketing	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
SUBTOTAL of Receipts This Page (opti	onal)		45.00				
TOTAL This Period (last page this line	number only)						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
IIEIWIIZED RECEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUNI	כ				
Full Name of Individual (Last, First, Mide A. Bright, Jon, A., Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4915 Norfolk Place			M M / D D / Y Y Y Y 11 30 2018				
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28522 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
Full Name of Individual (Last, First, Mide B. Bright, Jon, A., Mr., Mailing Address 4915 Norfolk Place	dle Initial) or Full O	rganization Name	Date of Receipt				
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28562				
Bettendorf	IA	52722	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) lowa Mutual Ins. Co.	Occi Sr. Y	upation (for Individual) V.P.	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
Full Name of Individual (Last, First, Mide C. Bright, Jon, A., Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4915 Norfolk Place			12 / D D / Y Y Y Y 2018				
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28610 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
SUBTOTAL of Receipts This Page (option	nal)		▶ 45.00				
TOTAL This Period (last page this line nu	mber only)						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
ITEIWIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions see to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUN	D				
Full Name of Individual (Last, First, Middle A. Brock, Thomas, J., ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 60 E. Spring St. #326			M M / D D / Y Y Y Y 11 30 2018				
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28555 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) VP	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
Full Name of Individual (Last, First, Middle Brock, Thomas, J., , Mailing Address 60 E. Spring St. #326	e Initial) or Full O	rganization Name	Date of Receipt				
City	State	Zip Code 43215	12 14 2018 Transaction ID : SA11AI.28563				
Columbus FEC ID number of contributing federal political committee.	C	43213	Amount of Each Receipt this Period				
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
Full Name of Individual (Last, First, Middle C. Brock, Thomas, J., ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 60 E. Spring St. #326			12 / D D / Y Y Y Y Y 28 2018				
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28611 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins Co	Occu Asst	upation (for Individual) . VP	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
SUBTOTAL of Receipts This Page (optiona	l)		45.00				
TOTAL This Period (last page this line num	iber only)						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

1-			Use separate schedule(s)	(check only one)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA						
A.	Full Name of Individual (Last, First, Middle Initia Campbell, Grady, , Mr.,	al) or Full Or	rganization Name	Date of Receipt			
	Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y 11 30 2018			
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28524 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00				
в.	Full Name of Individual (Last, First, Middle Initia Campbell, Grady, , Mr.,	al) or Full Or	rganization Name	Date of Receipt			
	Mailing Address 5760 Whispering Trail			12 14 2018			
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28564 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00				
с.	Full Name of Individual (Last, First, Middle Initia Campbell, Grady, , Mr.,	al) or Full Or	rganization Name	Date of Receipt			
	Mailing Address 5760 Whispering Trail			12 / D D / Y Y Y Y 12 28 2018			
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28612 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Sr. V	upation (for Individual) /P Marketing Services & PL	Payroll Deduction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00				
s	UBTOTAL of Receipts This Page (optional)			75.00			
т	OTAL This Period (last page this line number or	nly)	·····				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4282 Hunts Drive			M M / D D / Y Y Y Y Y 11 30 2018				
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28511 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]				
Full Name of Individual (Last, First, Middle B. Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4282 Hunts Drive	01-1-	7. 0.4	12 14 Y Y Y Y 12 14				
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28565 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction				
Receipt For:	Aggregate	Year-to-Date ▼	1				
Other (specify)		375.00					
Full Name of Individual (Last, First, Middle C. Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4282 Hunts Drive			12 / D D / Y Y Y Y 28 2018				
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28613 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) stant Vice President Life Adm.	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]				
SUBTOTAL of Receipts This Page (optional)			45.00				
TOTAL This Period (last page this line numb	er only)						

FOR LINE NUMBER:

PAGE 15 OF

IT.		Use separate schedule(s)		(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 13	11b	11c	12	17
	y information copied from such Reports and St for commercial purposes, other than using the			son for the	purpose of	soliciting	contribu	tions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND					
Α.		ial) or Full O	rganization Name	Date of	Receipt			
	Mailing Address 7918 Brianna Drive			M M 11	/ D D D 30) / Y	2018	Y
	City Blacklick	State OH	Zip Code 43004		action ID : t of Each R			
	FEC ID number of contributing federal political committee.	С				-	15.	00
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) P, Commercial Production & Service		emo Item Deduction			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
В.	Full Name of Individual (Last, First, Middle Initi Eppley, Jason, M, Mr.,	ial) or Full O	rganization Name	-	Receipt			
	Mailing Address 7918 Brianna Drive	State Zip Code			12 14 2018 Transaction ID : SA11AL.28566			Y
	Blacklick	ОН	43004		t of Each R			
	FEC ID number of contributing federal political committee.	С				-	15.	
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Commercial Production & Service		emo Item Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
с.	Full Name of Individual (Last, First, Middle Initi Eppley, Jason, M, Mr.,	ial) or Full O	rganization Name	Date of	Receipt			
	Mailing Address 7918 Brianna Drive			12 ^M	/ D D 28) / Y	2018 Y	Y
	City Blacklick	State OH	Zip Code 43004		action ID : t of Each R			
	FEC ID number of contributing federal political committee.	С					15.	00
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) , Commercial Production & Service		emo Item Deduction			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
s	UBTOTAL of Receipts This Page (optional)		•			,	45.	00
т	OTAL This Period (last page this line number of	only)	•					

FOR LINE NUMBER:

PAGE 16 OF

IТ.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND				
Α.	Full Name of Individual (Last, First, Middle Ini Fallen, Hope, , ,	tial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2642 Blue Lick Rd.			11 30 / Y Y Y Y Y 11 30 2018			
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28525 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Motorists Insurance Group	Occu AVF	upation (for Individual)	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]			
в.	Full Name of Individual (Last, First, Middle Ini Fallen, Hope, , , Mailing Address 2642 Blue Lick Rd.	tial) or Full O	rganization Name	Date of Receipt			
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28567 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Motorists Insurance Group	Occi AVF	upation (for Individual)	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]			
с.	Full Name of Individual (Last, First, Middle Ini Fallen, Hope, , ,	tial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2642 Blue Lick Rd.	State	Zip Code	12 28 2018 Terres dia 15 2014			
	Winfield	WV	25213	Transaction ID : SA11AI.28615 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	AVP		Payroll Deduction			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	1			
⊢	UBTOTAL of Receipts This Page (optional)			75.00			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

IT.			Use separate schedule(s)	(check only one)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St. for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND					
A.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, ,	al) or Full Or	rganization Name	Date of Receipt				
	Mailing Address 537 Courtright Court			11 30 2018				
	City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28527 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		15.00				
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Vice President Commercial Line	Memo Item Payroll Deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
в.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, , Mailing Address 537 Courtright Court	al) or Full Or	rganization Name	Date of Receipt				
	City	State	Zip Code 43147	12 14 2018 Transaction ID : SA11AI.28568				
	Pickerington FEC ID number of contributing federal political committee.	С	43147	Amount of Each Receipt this Period				
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines		Memo Item s Payroll Deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
с.	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, ,	al) or Full Or	rganization Name	Date of Receipt				
	Mailing Address 537 Courtright Court			12 / D D / Y Y Y Y 2018				
	City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28616 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) Asst Vice President Commercial Lines		B Payroll Deduction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
s	UBTOTAL of Receipts This Page (optional)			45.00				
т	OTAL This Period (last page this line number o	nly)		· · · · · · · · · · · · · · · · · · ·				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
I LIVILLU REVEILIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions te to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUND)		
Full Name of Individual (Last, First, Middl A. Feldner, Cynthia , , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5367 Stotlz Ave			11 30 2018		
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28515 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	AVF	upation (for Individual) PAccounting	Memo Item Payroll Deduction		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]		
Full Name of Individual (Last, First, Middl B. Feldner, Cynthia, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5367 Stotlz Ave	1		12 / D D / Y Y Y Y Y 12 14 2018		
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28569 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) P Accounting	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]		
Full Name of Individual (Last, First, Middl C. Feldner, Cynthia, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5367 Stotlz Ave			12 28 / Y Y Y Y 12 28 2018		
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28617 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Accounting	Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]		
SUBTOTAL of Receipts This Page (optiona	l)		45.00		
TOTAL This Period (last page this line num	nber only)				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
I LIVILLU REVEILIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	URANCE CO	OMPANY CIVIC FUND)	
Full Name of Individual (Last, First, Middl A. Fullenkamp, Joseph, P, ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 3123 Summit Street			11 30 / Y Y Y Y Y 2018	
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28531 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		15.00	
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]	
Full Name of Individual (Last, First, Middl B. Fullenkamp, Joseph, P, ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name			
Mailing Address 3123 Summit Street	Mailing Address 3123 Summit Street			
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28570 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		15.00	
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Memo Item Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]	
Full Name of Individual (Last, First, Middl C. Fullenkamp, Joseph, P, ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 3123 Summit Street			12 28 / Y Y Y Y 12 28 2018	
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28618 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		15.00	
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occ Assi	upation (for Individual) : VP	Payroll Deduction	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]	
SUBTOTAL of Receipts This Page (optional	al)		45.00	
TOTAL This Period (last page this line num	nber only)			

FOR LINE NUMBER:

PAGE 20 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	OMPANY CIVIC FUND				
Α.	Full Name of Individual (Last, First, Middle Ini Gandee, Stephen, , ,	itial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 96 Pleasant Colony Dr			12 / D D / Y Y Y Y Y 12 14 2018			
	City Evans	State WV	Zip Code 25241	Transaction ID : SA11AI.28571 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		15.00			
	Name of Employer (for Individual) Brickstreet Insurance	Occi AVF	upation (for Individual) o	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]			
В.	Full Name of Individual (Last, First, Middle Ini Gandee, Stephen, , , Mailing Address 96 Pleasant Colony Dr	itial) or Full O	rganization Name	Date of Receipt			
	City Evans	State WV	Zip Code 25241	12 28 2018 Transaction ID : SA11AI.28619 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual) Brickstreet Insurance	Occ	upation (for Individual) >	Payroll Deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]			
<u></u> с.	Full Name of Individual (Last, First, Middle Ini Gilmore, Amy, , ,	itial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 3500 Leap Rd.			11 / D D / Y Y Y Y 11 30 2018			
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28506 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer (for Individual) Motorists Insurance Group	VP	upation (for Individual)	Payroll Deduction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00]			
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			55.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and State for commercial purposes, other than using the na					
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		OMPANY CIVIC FUND			
A.	Full Name of Individual (Last, First, Middle Initial) Gilmore, Amy, , ,	or Full C	Organization Name	Date of Receipt		
	Mailing Address 3500 Leap Rd.	04-44-	The Oak	12 14 2018		
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28572 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer (for Individual) Motorists Insurance Group	Occ VP	cupation (for Individual)	Payroll Deduction		
	Receipt For: // Primary General Other (specify) ▼					
В.	Full Name of Individual (Last, First, Middle Initial) Gilmore, Amy, , ,	or Full C	Drganization Name	Date of Receipt		
	Mailing Address 3500 Leap Rd.	12 28 2018				
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28620		
	FEC ID number of contributing federal political committee.	C	43020	Amount of Each Receipt this Period		
	Name of Employer (for Individual) Motorists Insurance Group	Occ VP	cupation (for Individual)	Arrow Memo Item Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00			
с.	Full Name of Individual (Last, First, Middle Initial) Graham, Elizabeth, , ,	or Full C	Drganization Name	Date of Receipt		
	Mailing Address 3128 Ellis Place			11 / D D / Y Y Y Y 2018		
	City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.28508		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer (for Individual) Motorists Mutual Ins. Company		cupation (for Individual) P Personal Lines Underwriting	Memo Item Payroll Deduction		
	Receipt For: // Primary General Other (specify)					
s	UBTOTAL of Receipts This Page (optional)			65.00		
т	OTAL This Period (last page this line number onl	y)				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22 OF

ITEMIZED RECEIP	, те		e separate schedule(s)	(che	ck only	y one	e)	L					
	10		each category of the tailed Summary Page	×	11a 13		11b	11c	12		17		
	n such Reports and Statements , other than using the name ar				or the	purpo	ose of	soliciting	g contrib		s		
NAME OF COMMITTEE	(In Full) JTUAL INSURANCE	COMP	ANY CIVIC FUND										
Full Name of Individual (A. Graham, Elizabeth, ,	Last, First, Middle Initial) or Fu ,	ıll Organiz	ation Name		Date of Receipt								
Mailing Address 3128 El	is Place												
City Columbus	State OH	Z	ip Code 43204	A	Transaction ID : SA11AI.28573 Amount of Each Receipt this Period								
FEC ID number of contri federal political committe	ů.						p. I.			5.00			
Motorists Mutual Ins. Con	Name of Employer (for Individual) (Motorists Mutual Ins. Company (Receipt For: Aggregation			Pa	Me ayroll D	emo Deduc							
	Seneral Aggreg	Aggregate Year-to-Date ▼ 375.00											
Full Name of Individual (B. Graham, Elizabeth	Last, First, Middle Initial) or Fu	ıll Organiz	ation Name		Date of	Rec	eipt						
Mailing Address 3128 El					м м 12	1	D D 28	/ Y	2018	Y			
City Columbus	State		ip Code 43204					SA11AL		. al			
FEC ID number of contri federal political committe	buting				Amount			eceipt th		5.00			
Name of Employer (for I Motorists Mutual Ins. Con	,				Payroll Deduction								
Receipt For: Primary 0 Other (specify) ▼	General Aggreg	jate Year-t	o-Date ▼ 390.00										
Full Name of Individual (c. Guanciale, Dino,	Last, First, Middle Initial) or Fu	ıll Organiz	ation Name		Date of	Rec	eipt						
Mailing Address 4819 St					м м 11	1	30	/ Y	2018	Y			
City Westerville	State OH		ip Code 43082	A				SA11AI. eceipt th		od			
FEC ID number of contri federal political committe	ů.				_	,		J	1	5.00			
Name of Employer (for I Motorists Mutual Ins Co.	,	Occupation Asst. VP	n (for Individual)	Pa	Me ayroll D	emo Deduc							
Receipt For: Primary C Other (specify)	General Aggreg	Aggregate Year-to-Date ▼ 360.00											
SUBTOTAL of Receipts Th	nis Page (optional)		•			. ,		ŗ	4	5.00			
TOTAL This Period (last p	age this line number only)		••••••							-			

SCHEDULE A (FEC Form 3X) • •

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

ITEMIZED RECEIPTS		or each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE COM	PANY CIVIC FUND								
Full Name of Individual (Last, First, Mide A. Guanciale, Dino, , ,		ization Name	Date of Receipt							
Mailing Address 4819 St. Andrews Circle		Zip Code								
Westerville	OH	43082	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupati Asst. VP	on (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year									
Full Name of Individual (Last, First, Midd B. Guanciale, Dino, , ,	lle Initial) or Full Organ	ization Name	Date of Receipt							
Mailing Address 4819 St. Andrews Circle										
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28622 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupati Asst. VP	on (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 390.00								
Full Name of Individual (Last, First, Mido C. Hall, Marc S., , ,	lle Initial) or Full Organ	ization Name	Date of Receipt							
Mailing Address 5999 Lane Road			11 / D D / Y Y Y Y Y 2018							
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.28539							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupati Assist. V	on (for Individual) P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 360.00								
SUBTOTAL of Receipts This Page (option	al)		45.00							
TOTAL This Period (last page this line nur	mber only)	••••••								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

T	TEMIZED RECEIPTS		Use separate schedule(s)) (cł	neck only	(check only one)							
11	EWIZED RECEIPIS		for each category of the Detailed Summary Page		× 11a		-	11c	12	<u> </u>			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	I ay not be sold or used by ar address of any political comm	ny person nittee to s	13 for the olicit cor	purposentributio	e of s	15 oliciting om such	16 contribu commi	utions ttee.			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	DMPANY CIVIC FUI	ND									
A.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full O	Organization Name		Date of Receipt								
	Mailing Address 5999 Lane Road				M M 12	/ [14	/ Y	y y 2018	Y			
	City Centerburg	State OH	Zip Code 43011		Transaction ID : SA11AI.28575 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				- 45-		-9	15	.00			
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.		Payroll D	emo Ite Deductio							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 375.00										
в.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full O	Organization Name		Date of	Receip	pt						
	Mailing Address 5999 Lane Road				M M 12	/ D	28	/ Y	y y 2018	Y			
	City Centerburg	State OH					A11AL ceipt th	28623 is Period	ł				
	FEC ID number of contributing federal political committee.	C		15.00									
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.			Memo Item Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00										
с.	Full Name of Individual (Last, First, Middle Initia Henderson, Thomas, J., ,	al) or Full O	Organization Name		Date of	Receip	pt						
	Mailing Address 9725 Wagonwood Drive				M M 11	/ [30	/ Y	2018	Y			
	City Pickerington	State OH	Zip Code 43147					A11AI.	28528 is Period	d			
	FEC ID number of contributing federal political committee.	С			<u> </u>	, ,		y	15	.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co.			upation (for Individual) ist. V. P., Claims		Payroll Deduction								
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		OMPANY CIVIC FUND								
Α.	Full Name of Individual (Last, First, Middle Initial) Henderson, Thomas, J., ,	or Full C	Drganization Name	Date of Receipt							
	Mailing Address 9725 Wagonwood Drive	State	Zip Code	12 14 2018 Transaction ID : SA11AI.28576							
	Pickerington	OH	43147	_ Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		cupation (for Individual) sist. V. P., Claims	Payroll Deduction							
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	Full Name of Individual (Last, First, Middle Initial) Henderson, Thomas, J., ,	or Full C	Drganization Name	Date of Receipt							
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C.	Full Name of Individual (Last, First, Middle Initial) Hennen, Kirk, , ,	or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2860 Wynridge Drive			11 / D D / Y Y Y Y 2018							
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28534 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer (for Individual) Motorists Mutual Insurance Co		cupation (for Individual) P, Sales - West Zone	Memo Item Payroll Deduction							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 480.00								
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	Mailing Address 2860 Wynridge Drive			M M 12	/ D D 14	/ Y	ү ү 2018	Ŷ				
	City Grove City	State OH	Zip Code 43123		Transaction ID : SA11AI.28577 Amount of Each Receipt this Period							
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	City Columbus	State OH	Zip Code 43215		action ID : of Each R			1				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Dity	State		Zip Code		Transaction ID : SA11AI.28578									
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	Full Name of Individual (Last, First, Middle Initia Jeffers, Dan, E., Mr.,	al) or Full O	rga	nization Name		Date o	f Re	eceipt							
N	Aailing Address 6401 Rossmore Lane					M M	/		30	/ Y)18)	Y		
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_	Canal Winchester	OH		43110		Amoun	t of	Each	R	eceipt th	is F	Period			
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	Primary General	.99.094.0													
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
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Full Name of Individual (Last, First, Mido Jones, Jessica, , Ms,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 120 E. Dominion Blvd			M M / D D / Y Y Y Y Y 12 14 2018						
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28580 Amount of Each Receipt this Period						
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Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:		upation (for Individual) P, Commercial Lines	Payroll Deduction						
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Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Commercial Lines	Payroll Deduction						
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Mailing Address 7925 Greenside Lane			11 30 / Y Y Y Y Y 2018						
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.28518 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Memo Item Payroll Deduction						
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Full Name of Individual (Last, First A. Kaufman, David L., , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7925 Greenside La	ane		M M / D D / Y Y Y Y 12 14 2018						
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.28581 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1590.00]						
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City	State	Zip Code	12 28 2018 Transaction ID : SA11AL28629						
Worthington FEC ID number of contributing federal political committee.	С	43235	Amount of Each Receipt this Period						
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1690.00]						
Full Name of Individual (Last, First C. Kessler, John C., , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3910 Caswell Roa			11 / D D / Y Y Y Y 2018						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28532 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Deduction						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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		Use separate schedule(s)	(check only one)						
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NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. Kessler, John C., , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 3910 Caswell Road			12 14 2018						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28582 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
Full Name of Individual (Last, First, Middle B. Kessler, John C., , , Mailing Address 3910 Caswell Road	Initial) or Full C	Organization Name	Date of Receipt						
City	State	Zip Code	12 28 2018						
Johnstown	OH	43031	Transaction ID : SA11AI.28630 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00							
Full Name of Individual (Last, First, Middle C. King, Teresa M., , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			11 / D D / Y Y Y Y 11 30 2018						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28551 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00							
SUBTOTAL of Receipts This Page (optional).			55.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	MPANY CIVIC FUND								
Full Name of Individual (Last, First, Middle A. King, Teresa M., , ,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 1139 Tidewater Court			12 14 2018 Transaction ID : SA11AI.28583 Amount of Each Receipt this Period							
City Westerville	State OH	Zip Code 43082								
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Motorists Mutual Ins. Co.		pation (for Individual) st. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate									
Full Name of Individual (Last, First, Middle B. King, Teresa M., , ,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 1139 Tidewater Court										
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28631 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		pation (for Individual) st. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00								
Full Name of Individual (Last, First, Middle C. Lawrence, Todd, , Mr.,	Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 116 Clarke Lane			M M / D D / Y Y Y Y Y 11 30 2018							
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.28554 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	pation (for Individual) P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00								
SUBTOTAL of Receipts This Page (optional)			55.00							
TOTAL This Period (last page this line numb										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

ITE			Use separate schedule(s)	(che	ck only	y on	e)					
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		ose of a	soliciting	contrib	utions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNI	D								
	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	al) or Full O	rganization Name		Date of Receipt							
	Mailing Address 116 Clarke Lane				12 / Y Y Y Y 12 14 2018							
	City Hopkinton	State NH	Zip Code 03229	A				SA11AI.	28584 is Perio	d		
	FEC ID number of contributing federal political committee.	C							25	5.00		
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. \	upation (for Individual) V.P.	Pa	Me ayroll D		Item ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate										
B.	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	al) or Full O	r Full Organization Name			Re	ceipt					
	Mailing Address 116 Clarke Lane	State	Zip Code	_[^M 12	/	28	/ Y	2018	Y		
	Hopkinton	NH	03229					SA11AL: eceipt th	28632 iis Perio	d		
	FEC ID number of contributing federal political committee.	С		[.			5.00		
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.			Me ayroll D		Item ction					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		650.00									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 6740 Callaway Court			_ [^M 11	/	D D D 30	/ Y	2018	Y		
	City Westerville	State OH	Zip Code 43082	A				SA11AI. eceipt th	28544 is Perio	d		
	FEC ID number of contributing federal political committee.	С			_		, .	, <u>,</u>	15	5.00		
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Pa	Mo Ayroll D		Item Iction					
	Receipt For: Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 360.00									
s	JBTOTAL of Receipts This Page (optional)			•			, ,		65	.00		
т	OTAL This Period (last page this line number or	וy)		▶								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)
111			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND	
A.	Full Name of Individual (Last, First, Middle Initia Lisi, Michael, , ,	Date of Receipt		
	Mailing Address 6740 Callaway Court	M M / D D / Y Y Y Y 12 14 2018		
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.		Memo Item Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]
B.	Full Name of Individual (Last, First, Middle Initia Lisi, Michael, , ,	Date of Receipt		
	Mailing Address 6740 Callaway Court	12 / 28 / Y Y Y Y 12 28		
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) iist. V. P.	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Marshall, Brandon, , ,	Date of Receipt		
	Mailing Address 74 Cassidy Dr.	11 30 / Y Y Y Y 2018		
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Brickstreet Insurance	Occu VP	upation (for Individual)	Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			55.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 35 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1		
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL II	NSURANCE CC	MPANY CIVIC FUND			
Full Name of Individual (Last, First, I Marshall, Brandon, , ,	Date of Receipt				
Mailing Address 74 Cassidy Dr.	M M / D D / Y Y Y Y 12 14 2018				
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28586 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Brickstreet Insurance	Occu VP	upation (for Individual)	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]		
Full Name of Individual (Last, First, I B. Marshall, Brandon, , ,	Date of Receipt				
Mailing Address 74 Cassidy Dr.	ling Address 74 Cassidy Dr.				
City Winfield	State	Zip Code 25213	Transaction ID : SA11AI.28634 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]		
Full Name of Individual (Last, First, I C. McCormick, Terri, , ,	Date of Receipt				
Mailing Address 5348 Westbrook Dr.	M M / D D / Y Y Y Y 11 30 2018				
City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28552 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer (for Individual) Brick Street	Occu VP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00]		
SUBTOTAL of Receipts This Page (or	tional)	·······	90.00		
TOTAL This Period (last page this line	number only)				

SCHEDULE A (FEC Form 3X) _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)	
	EWIZED RECEIPIS		for each category of the Detailed Summary Page		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma name and ac	ny not be sold or used by any po ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA				
A.	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	Date of Receipt			
	Mailing Address 5348 Westbrook Dr.	12 14 Y Y Y Y 12 14 2018			
	Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28587 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer (for Individual) Brick Street	Occu VP	upation (for Individual)	Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00		
B	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	Date of Receipt			
	Mailing Address 5348 Westbrook Dr.	12 28 2018			
	City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28635 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer (for Individual) Brick Street	Occu VP	upation (for Individual)	Memo Item Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00		
С.	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	Date of Receipt			
	Mailing Address 48 E. Frankfort St.	11 30 / Y Y Y Y Y 11 30 2018			
	City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.28509 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	40.00			
	Name of Employer (for Individual) Motorists Insurance	Occu SVP	upation (for Individual)	Payroll Deduction	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00		
s	UBTOTAL of Receipts This Page (optional)			120.00	
т	OTAL This Period (last page this line number or	וy)	•		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

		Use separate schedule(s)			(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\square	11b	11c	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		ose of	soliciting	contrib		ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	rganization Name		Date of	Ree	ceipt				
	Mailing Address 48 E. Frankfort St.				12 14 2018						
	City Columbus	State OH	Zip Code 43206					SA11AI.		od	
FEC ID number of contributing federal political committee.							,	-7	4	0.00	
	Name of Employer (for Individual) Motorists Insurance	Occu SVP	upation (for Individual)	P	Me ayroll D		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00									
в.	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	rganization Name		Date of	Ree	ceipt				
	Mailing Address 48 E. Frankfort St.					12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Columbus	State OH	Zip Code 43206					SA11AL			
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) SVP Aggregate Year-to-Date			Amount of Each Receipt this Period 40.00						
	Name of Employer (for Individual) Motorists Insurance				Me ayroll D		Item ction				
	Receipt For:										
	Other (specify) ▼										
c.	Full Name of Individual (Last, First, Middle Initia McGee-Brown, Yvette, , ,	l) or Full Or	rganization Name		Date of	Ree	ceipt				
	Mailing Address 643 Crossing Creek S.	1			^M 12	/	D D D D 01	/ Y	2018	Y]
	City Gahanna	State OH	Zip Code 43230					SA11AI. eceipt th		od	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co.		С					y :	· ·	100	0.00	
		Occu Direc	ipation (for Individual) ctor	P	Me Political o		ltem ribution				
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)		····· •				, .		108	0.00	
Т	OTAL This Period (last page this line number or	ly)	•							-	

SCHEDULE A (FEC Form 3X) I

FOR LINE NUMBER:

PAGE 38 OF

			Use separate schedule(s)	(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11c 12 15 16 17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committed	erson for the purpose of sol	iciting contributions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND						
Α.	Full Name of Individual (Last, First, Middle Init Moore, Marchelle, , ,	tial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2717 Gatewood Rd.			11 / D D / Y Y Y Y 2018					
	City Columbus	State OH	Zip Code 43219	Transaction ID : SA Amount of Each Rece					
FEC ID number of contributing federal political committee.					25.00				
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00						
в.	Full Name of Individual (Last, First, Middle Init Moore, Marchelle, , , Mailing Address 2717 Gatewood Rd.	tial) or Full O	rganization Name	Date of Receipt	2018				
	City Columbus	State OH	Zip Code 43219	Transaction ID : SA					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00						
с.	Full Name of Individual (Last, First, Middle Init Moore, Marchelle, , ,	tial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2717 Gatewood Rd.	State	Zip Code	12 28 Transaction ID : SA	2018				
	Columbus	OH	43219	Amount of Each Rece					
	FEC ID number of contributing federal political committee.	С			25.00				
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	Chie	upation (for Individual) of Legal Officer	Payroll Deduction					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00						
	UBTOTAL of Receipts This Page (optional)				75.00				
1 '	OTAL This Period (last page this line number	y/	•••••••••••••••••••••••••••••••••••••••		-ge				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 person for the purpose of soliciting contributions se to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	•									
Full Name of Individual (Last, First, Mido A. Myles, Leslie, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place			11 30 Y Y Y Y 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28536 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
Full Name of Individual (Last, First, Mido B. Myles, Leslie, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Myles, Leslie, , ,									
Mailing Address 306 Schall Place			12 / D D / Y Y Y Y 12 14 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28590 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00 Memo Item Payroll Deduction							
Name of Employer (for Individual) Brickstreet Insurance	Occ. VP	upation (for Individual)								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
Full Name of Individual (Last, First, Mido C. Myles, Leslie, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place			12 / D D / Y Y Y Y 12 28 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28638 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUBTOTAL of Receipts This Page (option	al)		45.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 40 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
ILLIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17	
			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE		
Full Name of Individual (Last, First, Midd A. Obrokta, TJ, , ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 8810 Ventura Way			11 30 <u>Y Y Y Y</u>	
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28553 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:	Pres	upation (for Individual) sident	Payroll Deduction	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]	
Full Name of Individual (Last, First, Midd B. Obrokta, TJ, , ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 8810 Ventura Way	01-1-	7. 0.1.	12 D D / Y Y Y Y 14 2018	
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28591 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		upation (for Individual) sident	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]	
Full Name of Individual (Last, First, Midd C. Obrokta, TJ, , ,	le Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 8810 Ventura Way				
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28639 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		upation (for Individual) sident	Memo Item Payroll Deduction	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]	
SUBTOTAL of Receipts This Page (optional	al)		150.00	
TOTAL This Period (last page this line nur	nber only)			

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 41 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		OMPANY CIVIC FUNI)						
Α.	Full Name of Individual (Last, First, Middle Initia Peacock, Mark, , Mr.,	Date of Receipt								
	Mailing Address 4460 Swenson Street			M M / D D / Y Y Y Y 11 30 2018						
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28541 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		15.00						
	Name of Employer (for Individual) Motorists Mutual Ins. Company		cupation (for Individual) sist. V. P.	Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00							
B	Full Name of Individual (Last, First, Middle Initia Peacock, Mark, , Mr.,	Date of Receipt								
	Mailing Address 4460 Swenson Street			12 14 2018						
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28592 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		15.00						
	Name of Employer (for Individual) Motorists Mutual Ins. Company		cupation (for Individual) sist. V. P.	Memo Item Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00							
C.	Full Name of Individual (Last, First, Middle Initia Peacock, Mark, , Mr.,	l) or Full O	Drganization Name	Date of Receipt						
	Mailing Address 4460 Swenson Street			M M / D D / Y Y Y Y 12 28 2018						
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28640 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.									
Name of Employer (for Individual) Motorists Mutual Ins. Company			cupation (for Individual) sist. V. P.	Memo Item Payroll Deduction						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 390.00							
s	UBTOTAL of Receipts This Page (optional)			45.00						
т	OTAL This Period (last page this line number on	ly)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	MPANY CIVIC FUNI	כ							
Full Name of Individual (Last, First, Mid A. Puchala, Damian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y Y 11 30 2018							
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28516 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
Full Name of Individual (Last, First, Mid Puchala, Damian, , , Mailing Address 325 Olenview Circle	dle Initial) or Full O	rganization Name	Date of Receipt							
City Powell	State	Zip Code 43065	12 14 2018 Transaction ID : SA11AI.28594 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
Full Name of Individual (Last, First, Mid C. Puchala, Damian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 325 Olenview Circle		I	12 / D D / Y Y Y Y Y 28 2018							
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28642 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00								
SUBTOTAL of Receipts This Page (option	nal)		▶ 45.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
$\overline{)}$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA								
Α.	Full Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	al) or Full Oi	rganization Name	Date of Receipt					
	Mailing Address 1026 Loch Ness Avenue			11 30 Y Y Y Y Y 11 30 2018					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28546 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item					
	Motorists Mutual Ins. Company	VP F	Planning Prod & Svs	Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		00.000						
	Other (specify) v		600.00						
R	Full Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	Date of Receipt							
υ.	Mailing Address 1026 Loch Ness Avenue			12 14 2018					
	City	State	Zip Code	Transaction ID : SA11AI.28595					
	Worthington	ОН	43085	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00 Memo Item Payroll Deduction					
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs						
	Receipt For:	Aggregate	Year-to-Date ▼	-					
	Primary General Other (specify) ▼		, 625.00						
С.	Full Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 1026 Loch Ness Avenue			M M / D D / Y Y Y Y 12 28 2018					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28643					
			43065	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Motorists Mutual Ins. Company	VP F	Planning Prod & Svs	Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		650.00						
s	UBTOTAL of Receipts This Page (optional)			75.00					
	OTAL This Period (last page this line number or								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 44 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ISURANCE CO	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, M Slattery, Austin, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y 11 30 2018						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28507 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, N B. Slattery, Austin, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			12 / D D / Y Y Y Y Y 12 14 2018						
City Sunbury	State	Zip Code 43074	Transaction ID : SA11AI.28596 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, M C. Slattery, Austin, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y 12 28 2018						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28644 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) stant VP	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (opt	ional)		45.00						
TOTAL This Period (last page this line	number only)								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17	
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND		
Full Name of Individual (Last, First, Mid Smithers, Ralph W., , , Jr.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smithers, Ralph W., , , Jr.			
Mailing Address 6418 Summers Nook D	rive		M M / D D / Y Y Y Y 11 30 2018	
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28545 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		15.00	
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]	
Full Name of Individual (Last, First, Mid B. Smithers, Ralph W., , , Jr.	dle Initial) or Full O	rganization Name	Date of Receipt	
	ailing Address 6418 Summers Nook Drive			
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28597 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		15.00	
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]	
Full Name of Individual (Last, First, Mid C. Smithers, Ralph W., , , Jr.	dle Initial) or Full O	rganization Name	Date of Receipt	
	Mailing Address 6418 Summers Nook Drive			
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28645 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		15.00	
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service	Memo Item Payroll Deduction	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]	
SUBTOTAL of Receipts This Page (option	nal)		45.00	
TOTAL This Period (last page this line nu	mber only)			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6900 Kindler Drive			11 30 / Y Y Y Y 2018						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28512 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]						
Full Name of Individual (Last, First, Middle B. Stapleton, Charles D., , , Mailing Address 6900 Kindler Drive	e Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28598						
New Albany FEC ID number of contributing federal political committee.	ОН	43054	Amount of Each Receipt this Period						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]						
Full Name of Individual (Last, First, Middle C. Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6900 Kindler Drive			12 / D D / Y Y Y Y 28 2018						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28646 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Motorists Mutual Ins. Co. Sr. V		upation (for Individual) /P CL & Affiliate Operations	Payroll Deduction						
		Year-to-Date ▼ 650.00							
SUBTOTAL of Receipts This Page (optiona	l)		75.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

		Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c 15	12		17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and ad	l ay not be sold or used by any pe ddress of any political committee	erson for	the pu	rpose of	soliciting	, contrib	oution littee.	าร
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle Initial) o A. Walz, Chris, , ,			rganization Name	Dat	e of F	eceipt				
	Mailing Address PO Box 832				™ 1	/ 30	/ Y	y y 2018		1
	City Hurricane	State WV	Zip Code 25526			tion ID : f Each R			bd	
	FEC ID number of contributing federal political committee.	С						2	0.00	
	Name of Employer (for Individual) Brickstreet Insurance	Occu AVP	upation (for Individual)	Payr		o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
	Full Name of Individual (Last, First, Middle Initia Walz, Chris, , ,	l) or Full Or	rganization Name	Dat	e of F	leceipt				
	Mailing Address PO Box 832	1-			[™] 12	/ D D 14	/ Y	2018	Y	
	City Hurricane	State WV	Zip Code 25526			tion ID : f Each R	-		nd	
	FEC ID number of contributing federal political committee.	С							0.00	
	Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) AVP			Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 320.00							
	Full Name of Individual (Last, First, Middle Initia Walz, Chris, , ,	l) or Full Or	rganization Name	Dat	e of F	eceipt				
	Mailing Address PO Box 832		12 28 2018							
	City Hurricane	State WV	Zip Code 25526			tion ID : f Each R			bd	
	FEC ID number of contributing federal political committee.	С				y 1			0.00	
Name of Employer (for Individual) Brickstreet Insurance		Occu AVP	Occupation (for Individual) AVP			no Item duction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00							
SI	JBTOTAL of Receipts This Page (optional)		••••••			, .		6	0.00	
т	OTAL This Period (last page this line number or	ıly)				-	45			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 48 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	-										
 Full Name of Individual (Last, First, Middl Melch, Kyle, , , 	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5375 Esplanade St.			M M / D D / Y Y Y Y 11 30 2018								
City Columbus	State OH	Zip Code 43221	Transaction ID : SA11AI.28535 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		10.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 9, Marketing Development	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1								
Full Name of Individual (Last, First, Middl B. Welch, Kyle, , , Mailing Address 5375 Esplanade St.	e Initial) or Full O	rganization Name	Date of Receipt								
City	State	Zip Code	12 14 2018 Transaction ID : SA11AI.28600								
Columbus FEC ID number of contributing federal political committee.	С	43221	Amount of Each Receipt this Period								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Marketing Development	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
Full Name of Individual (Last, First, Middl C. Welch, Kyle, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5375 Esplanade St.	01-1-	7. 0.4	M M / D D / Y Y Y Y 12 28 2018								
City Columbus	State OH	Zip Code 43221	Transaction ID : SA11AI.28648 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		10.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) 9, Marketing Development	Payroll Deduction								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00]								
SUBTOTAL of Receipts This Page (optiona			30.00								
TOTAL This Period (last page this line num	ber only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any Iddress of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
> MOTORISTS MUTUAL INSU	IRANCE CC	DMPANY CIVIC FUN	D								
Full Name of Individual (Last, First, Middle A. Wharton, Lisa, , Ms,	Initial) or Full O	organization Name	Date of Receipt								
Mailing Address 616 Birghton St			11 30 2018								
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28537 Amount of Each Receipt this Period								
FEC ID number of contributing	С										
·											
Name of Employer (for Individual) Motorists Mutual Insurance Co	Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co AVP, IT EPMO										
Receipt For:		Year-to-Date ▼	Payroll Deduction								
Primary General Other (specify) ▼		360.00									
Full Name of Individual (Last, First, Middle B. Wharton, Lisa, , Ms,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 616 Birghton St	12 14 2018										
City	State	Zip Code	Transaction ID : SA11AI.28601								
Pickerington	OH	43147	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, 375.00									
Full Name of Individual (Last, First, Middle C. Wharton, Lisa, , Ms,	Initial) or Full O	Prganization Name	Date of Receipt								
Mailing Address 616 Birghton St			12 28 2018								
City	State OH	Zip Code 43147	Transaction ID : SA11AI.28649								
Pickerington FEC ID number of contributing		43147	Amount of Each Receipt this Period								
federal political committee.	C		15.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item Payroll Deduction								
Motorists Mutual Insurance Co Receipt For:		P, IT EPMO Year-to-Date ▼									
Primary General	Aggregate	390.00									
Other (specify)											
SUBTOTAL of Receipts This Page (optional))		45.00								
TOTAL This Period (last page this line numb	per only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
I EWILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CC	MPANY CIVIC FUN	D							
Full Name of Individual (Last, First, Mid Mieland, Steve, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2811 Deverell Dr			M M / D D / Y Y Y Y 11 30 2018							
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28550 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Insurance Group	Occi AVP	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
B. Full Name of Individual (Last, First, Mid Wieland, Steve, , , Mailing Address 2811 Deverell Dr	dle Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28602							
Blacklick	OH	43004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.			15.00							
Name of Employer (for Individual)Occupation (for Individual)Motorists Insurance GroupAVP			Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
Full Name of Individual (Last, First, Mid C. Wieland, Steve, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2811 Deverell Dr	12 28 2018									
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28650 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Insurance Group	Occu AVP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUBTOTAL of Receipts This Page (option	nal)		45.00							
TOTAL This Period (last page this line nu	mber 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)

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	-	Detailed Summary Page		1a	11b		11c	12	<u> </u>					
		ay not be sold or used by any p	erson for											
NAME OF COMMITTEE (In	Full)	DMPANY CIVIC FUND		it conti	ribution	is froi	m such	commit	tee.					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vilcox, Matt, , ,					Date of Receipt									
Mailing Address 250 Daniel Burnham Sq Unit 308					M M / D D / Y Y Y Y 11 30 2018									
City Columbus	State OH					Transaction ID : SA11AI.28542 Amount of Each Receipt this Period								
FEC ID number of contributi federal political committee.	ng C							50.	00					
Name of Employer (for Indiv Motorists Insurance Group	,	Occupation (for Individual) EVP				Payroll Deduction								
Receipt For: Primary Gene Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00												
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilcox, Matt, , ,				Date of Receipt										
	Mailing Address 250 Daniel Burnham Sq Unit 308				M M / D D / Y Y Y Y 12 14 2018									
City Columbus	State OH	Zip Code 43215					11AI.2	8603 s Period						
FEC ID number of contributi federal political committee.	ng C	C					- 3 -	50.	00					
Name of Employer (for Indiv Motorists Insurance Group		Occupation (for Individual) EVP			Memo Item Payroll Deduction									
Receipt For: Primary Gene Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00												
Full Name of Individual (Las Wilcox, Matt, , ,	t, First, Middle Initial) or Full O	rganization Name	Da	ite of F	Receipt	t								
Mailing Address 250 Daniel	Burnham Sq Unit 308	m Sq Unit 308				M M / D D / Y Y Y Y 12 28 2018								
City Columbus	State OH	Zip Code 43215		Transaction ID : SA11AI.28651 Amount of Each Receipt this Period										
FEC ID number of contributi federal political committee.	ng C	С				50.00								
Name of Employer (for Indiv Motorists Insurance Group		Occupation (for Individual) EVP				ท า								
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 900.00]											
SUBTOTAL of Receipts This F	Page (optional)				y		,	150.	00					
TOTAL This Period (last page	this line number only)				-			4255.	00					

I

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 52 OF 52							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl) 21b 28a	y one) 22 23 26 27 28b 28c x 29 30b							
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		IPANY CIVI	C FUND								
Full Name (Last, First, Middle Initial) A. NAMIC PAC				Date of Disbursement							
Mailing Address 3601 Vincennes Road PO Box 68700				12 27 2018							
Indianapolis	City State Zip Code										
Campaign Contribution	Purpose of Disbursement Campaign Contribution 011										
Candidate Name			Category/ Type	Transaction ID : SB29.28656 Amount of Each Disbursement this Period							
Senate President	ment For: Primary Other (spec	General cify) ▼		5000.00							
State: District: Full Name (Last, First, Middle Initial) B.				Date of Disbursement							
Mailing Address											
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement	C										
Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period							
Senate President	Senate Primary General President Other (specify)										
State: District: Full Name (Last, First, Middle Initial) C.				Date of Disbursement							
Mailing Address				M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement	C										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General									
State: District:		- ,, ,		Memo Item							
SUBTOTAL of Disbursements This Page (optional)			••••••	5000.00							
TOTAL This Period (last page this line number only))		••••••	5000.00							