Image# 11952796277				PAGE 1 / 68
FEC FORM 3X	REPORT OF AND DISBUI For Other Than An Au	RSEMENTS		
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	g, type 12FE4M	Office Use Only
COMMITTEE (in full)		over the lines.		
ADDRESS (number and stre	eet)			
▼ ``	, 			
Check if different than previously reported. (ACC)			ОН	43215
2. FEC IDENTIFICATIO	DN NUMBER ▼ C	ITY 🔺	STATE 🔺	ZIP CODE
C C00336834	3.	IS THIS N REPORT (N		AMENDED A)
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep 	bort (Q1) cort (Q2) (c) 12-Day PRE -Election Report for the:	ar 20 (M3)	un 20 (M6) Se ul 20 (M7) O Genera	ug 20 (M8) Nov 20 (M11) (Non-Election Year Only) ep 20 (M9) Dec 20 (M12) (Non-Election Year Only) ct 20 (M10) Jan 31 (YE) al (12G) Runoff (12R) l (12S) Image: State Sta
January 31 Year-End Rep	bort (YE)	tion on		Y in the State of
July 31 Mid-Y Report (Non- Year Only) (N	election	General (30G) Runoff	(30R) Special (30S)
Termination F (TER)	Report	tion on		Y in the State of
5. Covering Period	04 / D D / Y Y Y Y 01 2011	through	06 / D D 06 30	2011
-	ned this Report and to the best of	of my knowledge and b	elief it is true, correct a	and complete.
Type or Print Name of Tre	asurer Michael L. Wiseman			
Signature of Treasurer	Michael L. Wiseman	[Electronically	Filed] Date	M / D D / Y Y Y Y Y 16 2011
NOTE: Submission of false,	erroneous, or incomplete informati	ion may subject the pers	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

11/16/2011 13 : 56

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 04		b: 06 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		10265.38
	(b) Cash on Hand at Beginning of Reporting Period	7422.98	
	(c) Total Receipts (from Line 19)	11109.70	20782.30
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	18532.68	31047.68
7.	Total Disbursements (from Line 31)	10715.00	23230.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7817.68	7817.68
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

Image#	11952796279
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:	01 2011 Tc	: 06 / 06 / 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5922.20	6806.00
(i) Itemized (use Schedule A)	5833.20	
(ii) Unitemized	5276.50	13976.30
(iii) TOTAL (add	7 7 0210.00	7 7
Lines 11(a)(i) and (ii)	11109.70	20782.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7 7 7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	11109.70	20782.30
Totals to Line 33, page 5)	7 7 7	7 7 7
Party Committees	0.00	0.00
	7 7 7	7 7
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	,	, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	0.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7 7 7	7 7 7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipte (add Lines 11/d)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	11109.70	20782.30
12, 13, 14, 13, 10, 17, and 10(c))▶	11109.70	20102.30
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	11109.70	20782.30

DETAILED SUMMARY PAGE

	II. Disbursements	COLUMN A	COLUMN B
	ting Expenditures:	Total This Period	Calendar Year-to-Date
(a) A	Allocated Federal/Non-Federal		
, (i		0.00	0.0
```	, 		
`	ii) Non-Federal Share	0.00	0.00
• •	Other Federal Operating	45.00	
	otal Operating Expenditures	15.00	30.00
• •	add 21(a)(i), (a)(ii), and (b))	15.00	30.0
	fers to Affiliated/Other Party	7 7	
Comn	nittees	0.00	0.0
Contri Feder	butions to al Candidates/Committees		
	al Candidates/Committees Other Political Committees	0.00	0.00
	endent Expenditures	0.00	0.0
(use S Coord	Schedule E)	0.00	0.0
(2 U.S	S.C. §441a(d)) Schedule F)	0.00	0.00
(use a	Schedule T J		
Loan	Repayments Made	0.00	0.00
	Made	0.00	0.00
(a) li	ds of Contributions To:		
T	han Political Committees	0.00	0.00
		0.00	0.00
	Political Party Committees	0.00	
(-)	such as PACs)	0.00	0.00
(		7 7	
(d) T	otal Contribution Refunds		
(;	add Lines 28(a), (b), and (c)) ►	0.00	0.00
Other	Disbursements	10700.00	23200.00
	al Election Activity (2 U.S.C. §431(20)) Ilocated Federal Election Activity		
	from Schedule H6)		
•	i) Federal Share	0.00	0.00
	ii) "Levin" Share	0.00	0.00
(b) F	ederal Election Activity Paid Entirely	0.00	
(1) -	With Federal Funds	0.00	0.0
• •	otal Federal Election Activity (add	0.00	0.00
I	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	7 7 7 0.00	
Total	Disbursements (add Lines 21(c), 22,		
	4, 25, 26, 27, 28(d), 29 and 30(c)).	10715.00	23230.0
			7 7 7
	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii)		
from I	Line 31)	10715.00	23230.00

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I

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	11109.70	20782.30				
<ul> <li>Total Contribution Refunds</li> <li>(from Line 28(d))</li> </ul>	0.00	0.00				
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	11109.70	20782.30				
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	15.00	30.00				
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	30.00				

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page	11a	12					
	y information copied from such Reports and S for commercial purposes, other than using the							iting c		
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR									
<b>A</b> .	Full Name (Last, First, Middle Initial)         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General	State OH C Occupation VP Persona Aggregate	al Lines Year-to-Date ▼	Date of 04 Trans Amount Payroll d	of	01 ion ID : Each F	: <b>SA1</b> 1 Receip	1 <b>AI.15</b> ot this	Perioc 30	0.00
Β.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary         General	State OH C Occupation VP Persona Aggregate		Date of 04 Transa Amount ayroll de	of	15 ion ID : Each F	5 : <b>SA11</b> Receip	2 I <b>AI.15</b> ot this	Perioc 30	y 1 0.00
С.	Other (specify)         Full Name (Last, First, Middle Initial)         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify)	State OH C Occupation VP Persona Aggregate		Date of 04 <b>Trans</b> Amount	/ act of	29 <u>ion ID</u> Each F	) <u>: SA1</u> Receip	2 1 <b>AI.15</b> ot this	Perioc 30	Y 1 0.00
	JBTOTAL of Receipts This Page (optional)					<u>7</u>			90	.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

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 to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND								
Full Name (Last, First, Middle Initial) A. Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt							
City	State	Zip Code	05 13 2011 Transaction ID : SA11AI.15111							
Dublin	ОН	43016	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer	Occupation		Payroll deduction bi-weekly \$30							
Motorists Mutual Ins. Co.	VP Persona	Il Lines								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		300.00								
Full Name (Last, First, Middle Initial) B. Michael J. Agan			Date of Receipt							
Mailing Address 5658 Tynecastle Loop			05 27 2011							
City	State	Zip Code	Transaction ID : SA11AI.15406							
Dublin	OH	43016	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Persona		Payroll deduction bi-weekly \$30							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00								
Full Name (Last, First, Middle Initial) C. Michael J. Agan			Date of Receipt							
Mailing Address 5658 Tynecastle Loop			06 10 / Y Y Y Y Y 06 10 2011							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.15512 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer	Occupation		Payroll deduction bi-weekly \$30							
Motorists Mutual Ins. Co.	VP Persona	al Lines								
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify) ▼		360.00								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		· · · · · · · · · · · · · · · · · · ·	90.00							

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	`	eck only	11b	11c		12					
	y information copied from such Reports and Sta		ay not be sold or used by any pe					ig cor		ons	17			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit con	itributions	from suc	ch coi	mmitte	e.				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Receipt								
	Mailing Address 5658 Tynecastle Loop			06 24 2011										
	City	State	Zip Code	Transaction ID : SA11AI.15513										
	Dublin	OH	43016	_	Amount	of Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С							30.0	00				
	Name of Employer	Occupation			Payroll d	eduction	bi-weekly	\$30						
	Motorists Mutual Ins. Co.	VP Persona	Il Lines											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		390.00											
B	Full Name (Last, First, Middle Initial) David R. Benseler				Date of	Receipt								
	Mailing Address 2746 Sandhurst Dr.	State Zip Code OH 43035			04 / D D / Y Y Y Y 29 2011									
	City				Transa	action ID	: SA11A	.1511	4					
	Lewis Center	OH	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							25.0	00				
	Name of Employer	Occupation		- P	ayroll de	eduction	oi-weekly	\$25						
	Motorist Mutual Ins. Co.	Assistant VI												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		225.00											
с.	Full Name (Last, First, Middle Initial) David R. Benseler				Date of	Receipt								
	Mailing Address 2746 Sandhurst Dr.				05	/ D	D / 3	20	11	Y				
	City	State	Zip Code		1.1.1		: SA11A							
	Lewis Center	OH	43035	_	Amount	of Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						¢or.	25.0	00				
	Name of Employer	Occupation			ayroll d	eduction	bi-weekly	\$25						
	Motorist Mutual Ins. Co.	Assistant V	P											
	Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼			250.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>			- 7		80.0	0	]			
т	OTAL This Period (last page this line number o	nly)	•••••			.,					]			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		tegory of the mmary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY C	CIVIC FUND	
Full Name (Last, First, Middle Initial)         David R. Benseler         Mailing Address 2746 Sandhurst Dr.         City         Lewis Center	State Zip Code OH 43035		Date of Receipt 05 27 2011 Transaction ID : SA11AI.15407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Motorist Mutual Ins. Co. Receipt For:	C Occupation Assistant VP Aggregate Year-to-Date V	275.00	25.00 Payroll deduction bi-weekly \$25
Full Name (Last, First, Middle Initial)         B. David R. Benseler         Mailing Address 2746 Sandhurst Dr.         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer         Motorist Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OH       43035         C       C         Occupation       Assistant VP         Aggregate Year-to-Date ▼	300.00	Date of Receipt 06 10 2011 Transaction ID : SA11AI.15514 Amount of Each Receipt this Period 25.00 Payroll deduction bi-weekly \$25
Full Name (Last, First, Middle Initial)         David R. Benseler         Mailing Address 2746 Sandhurst Dr.         City         Lewis Center         FEC ID number of contributing         federal political committee.         Name of Employer         Motorist Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify)	State OH     Zip Code 43035       C     C       Occupation Assistant VP       Aggregate Year-to-Date ▼	325.00	Date of Receipt 06 24 2011 Transaction ID : SA11AI.15515 Amount of Each Receipt this Period 25.00 Payroll deduction bi-weekly \$25
SUBTOTAL of Receipts This Page (optional)			75.00

### 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		11a 13	$\vdash$	11b 14		11c 15	12 16	Г	17		
	y information copied from such Reports and St for commercial purposes, other than using the							of sol	iciting			ns		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
Α.	Full Name (Last, First, Middle Initial) John J. Bishop			(	Date of	Re	eceipt							
	Mailing Address 1390 Picardae Court			04 01 Y Y Y Y Y										
	City Powell	State OH	Zip Code 43065		Transaction ID : SA11AI.15116 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			80.00									
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, I	President and CEO	_ P	ayroll d	ledu	iction	biwee	ekly \$8	0				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00											
В.	Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court	nn J. Bishop								ΥΥ	Y	1		
	City Powell	State OH	Zip Code 43065	04     15     2011       Transaction ID : SA11AI.15117       Amount of Each Receipt this Period       80.00										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, F	President and CEO	— Pa	ayroll d	edu	ction t	biwee	kly \$8	0				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00											
	Full Name (Last, First, Middle Initial) John J. Bishop				Date of	Re	eceipt							
	Mailing Address 1390 Picardae Court				м м 04	1	D 2	29	/ Y	2011	Y	1		
	City Powell	State OH	Zip Code 43065		Trans						d	_		
	FEC ID number of contributing federal political committee.	С					7			_	30.0	D		
	Name of Employer	Occupation		P	ayroll c	ledu	uction	biwee	ekly \$8	0				
	Motorists Mutual Insurance Co. Receipt For: Primary General General		President and CEO Year-to-Date ▼											
	Other (specify)	L	720.00											
SI	JBTOTAL of Receipts This Page (optional)		Þ				,		7	24	0.00			
т	OTAL This Period (last page this line number c	only)					,		9					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITI	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	a	one) 11b 14	11c		12 16	1	17			
	y information copied from such Reports and St for commercial purposes, other than using the			rson for	the pu	urpose c	f solicitin	g con	ntributi	ons	-			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA				00111	15410115								
A.	Full Name (Last, First, Middle Initial) John J. Bishop			Dat	e of F	Receipt								
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y Y 05 13 2011										
	City	State	Zip Code	Transaction ID : SA11AI.15119										
	Powell	OH	43065	Am	ount c	of Each	Receipt t	his Pe	eriod					
	FEC ID number of contributing federal political committee.	С				7			80.0	00				
	Name of Employer	Occupation		- Payr	oll de	duction t	oiweekly \$	580						
	Motorists Mutual Insurance Co. Receipt For:		President and CEO	_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00											
R	Full Name (Last, First, Middle Initial) John J. Bishop			Dat	e of F	Receipt								
υ.	Mailing Address 1390 Picardae Court	State Zip Code OH 43065			05 27 2011									
	City				Transaction ID : SA11AI.15408									
	Powell	ОН	Am	_ Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							80.0	00				
	Name of Employer Motorists Mutual Insurance Co.	Occupation		- Payr	oll dec	luction b	iweekly \$	80						
	Receipt For:	,	President and CEO	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) v	L	880.00											
C.	Full Name (Last, First, Middle Initial) John J. Bishop			Dat	e of F	Receipt								
	Mailing Address 1390 Picardae Court			M	м 06	/ D	D / Y )	20	ү 11	Y				
	City	State	Zip Code	Т	ansa	ction ID	: SA11AI	.1551	6					
	Powell	ОН	43065	Am	ount c	of Each	Receipt t	his Pe	eriod					
	FEC ID number of contributing federal political committee.	С		Pavi	oll de	duction I	piweekly \$	\$80	80.	00				
	Name of Employer	Occupation												
	Motorists Mutual Insurance Co. Receipt For:	-	President and CEO	_										
Receipt For:     Aggregate       Primary     General       Other (specify) ▼			960.00											
s	UBTOTAL of Receipts This Page (optional)		•				1.40		240.0	0	1			
	OTAL This Period (last page this line number c		· · ·	Ē		,					ĺ			

### 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		11a 13	╞	11b 14	$\vdash$	11c 15	12		17			
	y information copied from such Reports and S for commercial purposes, other than using the								oliciting			ions			
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
A.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt											
	Mailing Address 1390 Picardae Court				м м 06	/		D 24	/ Y	201	Y 1	Y			
	City Powell	State OH	Zip Code 43065						A11AI.1						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of EmployerOMotorists Mutual Insurance Co.Cl			President and CEO	P	ayroll c	ledu	uction	ı biw	eekly \$8	30					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00												
В.	Full Name (Last, First, Middle Initial)         Mr. Richard B. Bowers         Mailing Address S86 W33540 Short Drive			1	Date of	F Re	· ·	D	/ Y	Y	Y	Y			
	City	State	Zip Code	-	05 Trans	acti		13 ):S	A11AI.1	2011					
	Mukwonago	WI	53149-9306						ceipt thi						
	FEC ID number of contributing federal political committee.		125.00												
	Name of Employer Wilson Mutual Ins. Co.	Occupation Director	1	— P;	<ul> <li>Payroll deduction</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
c.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet				Date of	Re	eceipt								
	Mailing Address 1831 265th Street				м м 05	1		D 27	/ Y	y 2011		Y			
	City Calamus	State IA	Zip Code 52729						A11AL			_			
	FEC ID number of contributing federal political committee.	С					7				20.	00			
	Name of Employer	Occupation	1	P	ayroll o	dedu	uction	ı biw	eekly \$2	20					
	Iowa Mutual Ins. Co.	V. P. Info T	ech.												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		, 220.00	1											
s	UBTOTAL of Receipts This Page (optional)		•	.			7		7	2	225.0	00			
т	OTAL This Period (last page this line number	only)					,		,						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of Detailed Summary F	
or for commercial purposes, other than using		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC	FUND
Full Name (Last, First, Middle Initial) A. Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		06 / D D / Y Y Y Y 06 10 2011
City Calamus	State Zip Code IA 52729	Transaction ID : SA11AI.15518
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Payroll deduction biweekly \$20
Iowa Mutual Ins. Co. Receipt For:	V. P. Info Tech.	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	40.00
Full Name (Last, First, Middle Initial) B. Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		06 24 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15519
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction biweekly \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell		Date of Receipt
Mailing Address 5760 Whispering Trail		04 29 2011
City Galena	State Zip Code OH 43021	Transaction ID : SA11AI.15148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll deduction biweekly \$25
Motorists Mutual Ins. Co.	Sr. VP Marketing Services & PL	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	25.00
SUBTOTAL of Receipts This Page (optiona		

Use separate schedule(s) for each category of the

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	:1915	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMIT	. ,	E COMPANY CIVIC FUND										
Full Name (Last, Firs		Date of Receipt										
Mailing Address 576			05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Galena		tate Zip Code DH 43021	Transaction ID : SA11AI.15149           Amount of Each Receipt this Period									
FEC ID number of c federal political comr	ů.		25.00									
Name of Employer	Occ	upation	Payroll deduction biweekly \$25									
Motorists Mutual Ins.	Co. Sr. Y	/P Marketing Services & PL										
Receipt For:	General	gregate Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, Firs B. Mr. Grady Cam			Date of Receipt									
Mailing Address 576		05 27 2011										
City	S	tate Zip Code	Transaction ID : SA11AI.15415									
Galena	C	H 43021	Amount of Each Receipt this Period									
FEC ID number of c federal political comr	ů.	25.00										
Name of Employer Motorists Mutual Ins.		upation /P Marketing Services & PL	<ul> <li>Payroll deduction biweekly \$25</li> </ul>									
Receipt For: Primary Other (specify)	General	pregate Year-to-Date ▼ 275.00										
Full Name (Last, Firs c. Mr. Grady Can			Date of Receipt									
Mailing Address 576	0 Whispering Trail		06 10 Y Y Y Y Y									
City Galena		tate Zip Code 0H 43021	Transaction ID : SA11AI.15530 Amount of Each Receipt this Period									
FEC ID number of c federal political comr	Ű.		25.00									
Name of Employer	Occ	upation	Payroll deduction biweekly \$25									
Motorists Mutual Ins.	Co. Sr.	VP Marketing Services & PL										
Receipt For:		regate Year-to-Date ▼										
Other (specify)	General	300.00	]									
		••••••	75.00									

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17					
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	OMPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			[	Date o	f Re	eceipt								
	Mailing Address 5760 Whispering Trail				06 / Y Y Y Y 06 24 2011										
	City Galena	State OH	Zip Code 43021		Transaction ID : SA11AI.15531           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer Motorists Mutual Ins. Co.	Occupation	keting Services & PL		ayroll	dedı	uction	biweekly	\$25						
	Receipt For:		Year-to-Date ▼	_											
	Primary General Other (specify) ▼		325.00												
В.	Full Name (Last, First, Middle Initial) John D. Coffman						Date of Receipt								
	Mailing Address 6697 Stone Cir Way														
	City Dublin	State OH	Zip Code 43016		Transaction ID : SA11AI.15152 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			Payroll deduction biweekly \$25										
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Divi		— Pa											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) John D. Coffman			[	Date o	of Re	eceipt								
	Mailing Address 6697 Stone Cir Way				M 05	/	D 1	3	2(	011	Y				
	City Dublin	State OH	Zip Code 43016					: SA11A Receipt t							
	FEC ID number of contributing federal political committee.	С				de di	, ,	, j	¢ог	25	5.00				
	Name of Employer	Occupation		P	Payroll deduction biweekly \$25										
	Motorists Mutual Ins. Company Receipt For:	VP Tax Div	ision Year-to-Date ▼	_											
	Primary General Other (specify)	Aggregate	250.00	]											
s	<b>UBTOTAL</b> of Receipts This Page (optional)			•   •			7		-	75.	.00				
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11		11c 15		12 16	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any pe ddress of any political committee	erson f	or the	purp htrib	pos	se of s	oliciting	J COI 1 COI	ntribut	ions			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 6697 Stone Cir Way				Date of			D = D	/ Y		Y	Y			
	City Dublin	State OH	Zip Code 43016						A11AI.	1541					
	FEC ID number of contributing federal political committee.	C Amount of Each Receipt this Period Payroll deduction biweekly \$25													
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation VP Tax Div Aggregate		Payroll deduction biweekly \$25											
	Primary General Other (specify) ▼		275.00												
В.	Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 6697 Stone Cir Way				Date of	Re		pt 10	/ Y		y )11	Y			
	City Dublin	State OH	Zip Code 43016						A11AL						
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri													
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Divi		Payroll deduction biweekly \$25											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
C.	Full Name (Last, First, Middle Initial) John D. Coffman				Date of	Re	ecei	pt							
	Mailing Address 6697 Stone Cir Way				м м 06	/		24	/ Y		)11	Y			
	City Dublin	State OH	Zip Code 43016						SA11AI.						
	FEC ID number of contributing federal political committee.	С					7		,		25	.00			
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Div			'ayroll c	ledu	uctio	on biw	/eekly \$	25					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 325.00	]											
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	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 S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial)         Mr. Thomas R Cole         Mailing Address 712 South 9th Street Ct.			Date of Receipt										
	City Eldridge	State IA	Zip Code 52748	04 29 2011 Transaction ID : SA11AI.15156										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer Iowa Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate	Year-to-Date ▼ 225.00	Payroll deduction biweekly \$25										
в.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street Ct.			Date of Receipt										
	City Eldridge	State IA	Zip Code 52748	05     13     2011       Transaction ID : SA11AI.15157       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer Iowa Mutual Insurance Company	Occupation President	1	<ul> <li>Payroll deduction biweekly \$25</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt										
	Mailing Address 712 South 9th Street Ct.			05 / D D / Y Y Y Y 27 2011										
	City Eldridge	State IA	Zip Code 52748	Transaction ID : SA11AI.15417           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00 Payroll deduction biweekly \$25										
	Name of Employer         Iowa Mutual Insurance Company         Receipt For:         Primary       General         Other (specify) ▼	Occupation President Aggregate	Year-to-Date ▼ 275.00											
s	UBTOTAL of Receipts This Page (optional)			75.00										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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			Detailed Summary Page		11a 13		11b 14	110	;	12 16	17						
	y information copied from such Reports and s				for the		pose c	of solicit		contribu	tions						
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR						JULIONS				<del>сс</del> .						
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street Ct.			Date of Receipt													
					06	Ĺ	10			2011							
	City Eldridge	State IA	Zip Code 52748		Transaction ID : SA11AI.15534           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		25.00													
	Name of Employer Iowa Mutual Insurance Company	Occupation President		Payroll deduction biweekly \$25													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00														
в.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole						Date of Receipt										
	Mailing Address 712 South 9th Street Ct.						06 24 <u>Y Y Y Y</u>										
	City Eldridge	State IA	Zip Code 52748					: SA11									
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period														
	Name of Employer Iowa Mutual Insurance Company	Occupation President		P	<ul> <li>Payroll deduction biweekly \$25</li> </ul>												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]													
<u>с.</u>	Full Name (Last, First, Middle Initial) Douglas L. Dodson				Date of	Re	eceipt										
	Mailing Address 4084 Herald Square Pl				04	/	29			y y 2011	Y						
	City Dublin	State OH	Zip Code 43016	_	<b>Trans</b> Amount			: SA11 Receipt									
	FEC ID number of contributing federal political committee.	С					7			25	.00						
	Name of Employer	Occupation		F	Payroll deduction biweekly \$25												
	Motorists Mutual Ins. Company	Vice Presic	ent														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00														
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			•		-	7			75.	00						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 4084 Herald Square PI	State	Zip Code	05 / 13 / 2011 Transaction ID : SA11AL15173
	Dublin	OH	43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		<ul> <li>Payroll deduction biweekly \$25</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 4084 Herald Square PI			05 27 2011
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.15421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		<ul> <li>Payroll deduction biweekly \$25</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 4084 Herald Square Pl			06 / Y Y Y Y 06 10 2011
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.15542 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25
	Motorists Mutual Ins. Company	Vice Presic	dent	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	ny information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt									
	Mailing Address 4084 Herald Square Pl	State	Zip Code	06 24 2011									
	Dublin	OH	43016	Transaction ID : SA11AI.15543 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25									
	Motorists Mutual Ins. Company	Vice Presid	lent										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 325.00										
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt									
	Mailing Address 9240 Griggs Rd			04 01 _2011									
	City	State	Zip Code	Transaction ID : SA11AI.15178									
	Englewood	FL	34224	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		57.60									
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	<ul> <li>Payroll deduction biweekly \$57.60</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 403.20										
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt									
	Mailing Address 9240 Griggs Rd			04 15 2011									
	City Englewood	State FL	Zip Code 34224	Transaction ID : SA11AI.15179									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer	Occupation	1	Payroll deduction biweekly \$57.60									
	Motorists Mutual Insurance Co.	Director											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.80										
s	UBTOTAL of Receipts This Page (optional)		••••••	140.20									
Т	OTAL This Period (last page this line number of	only)											

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

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			Detailed Summary Page	2	< 11a 13		11b	11c	-	12	17				
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose c	of solicit		ontribut	tions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd			Date of Receipt											
	City Englewood	State FL	Zip Code 34224		Trans		ion ID	: SA11/ Receipt	AI.15	180					
	FEC ID number of contributing federal political committee.	С			57.60 Payroll deduction biweekly \$57.60										
	Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director	Year-to-Date ▼		-ayroll	uedi	action I	oiweekly	\$57.	υσ.					
	Primary General Other (specify) ▼	<u></u>	518.40												
	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd				Date o		D		Y	Y Y	Y				
	City Englewood		05 13 2011 Transaction ID : SA11AI.15181 Amount of Each Receipt this Period 57.60 Payroll deduction biweekly \$57.60												
	FEC ID number of contributing federal political committee.	F													
	Motorists Mutual Insurance Co. Receipt For:	Occupation Director Aggregate	Year-to-Date ▼	_				,	-						
	Primary General Other (specify) ▼		576.00												
C.					Date o		eceipt								
	Mailing Address 9240 Griggs Rd	State	Zip Code	_	05 <b>T</b> rop		2		2	2011	Y				
	Englewood	FL	34224	_				: SA11 Receipt							
	FEC ID number of contributing federal political committee.	С			Pavroll	dedi	uction	biweekly	\$57		.60				
	Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director		_					<i>+•·</i>						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 633.60												
s	UBTOTAL of Receipts This Page (optional)		•••••				7			172.	80				
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	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 Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)         Mr. Larry L. Forrester         Mailing Address 9240 Griggs Rd		Date of Receipt
5	State     Zip Code       FL     34224	Transaction ID : SA11AI.15546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		57.60
Motorists Mutual Insurance Co.	ccupation rector ggregate Year-to-Date ▼ 691.20	Payroll deduction biweekly \$57.60
Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt
Englewood	State Zip Code FL 34224	06     24     2011       Transaction ID : SA11AI.15547       Amount of Each Receipt this Period
Name of Employer     Oc       Motorists Mutual Insurance Co.     Dir	Compation ector ggregate Year-to-Date V 748.80	57.60 Payroll deduction biweekly \$57.60
Full Name (Last, First, Middle Initial) C. Rolf H. Gesen Mailing Address 63 Penacook Rd.		Date of Receipt
Contoocook FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NH 03229	04       01       2011         Transaction ID : SA11AI.15190         Amount of Each Receipt this Period         25.00         Payroll deduction biweekly \$25
Receipt For:       Ag         Primary       General         Other (specify) ▼	ggregate Year-to-Date ▼ 262.50	
SUBTOTAL of Receipts This Page (optional)	<b>F</b>	140.20

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

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	f soliciting	g cont	tributio	ons			
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
Α.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	f Re	eceipt							
	Mailing Address 63 Penacook Rd.				04		15		201		Y			
	City Contoocook	State NH	Zip Code 03229		Transaction ID : SA11AI.15191 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer Phenix Mutual	Occupation President	1	F	ayroll o	dedu	uction b	iweekly \$	25					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 287.50											
	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	f Re	eceipt							
	Mailing Address 63 Penacook Rd.	Zip Code		M M / D D / Y Y Y Y Y 04 29 2011										
	City Contoocook					: <b>SA11AI.</b> Receipt th								
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer Phenix Mutual	Occupation President	1	— P	ayroll d	ledu	ction bi	iweekly \$2	25					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.50											
C.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	f Re	eceipt							
	Mailing Address 63 Penacook Rd.				м м 05	/	D 13		y 201		Ŷ			
	City Contoocook	State NH	Zip Code 03229					<b>: SA11AI</b> Receipt th			_			
	FEC ID number of contributing federal political committee.	С								25.0	00			
	Name of Employer	1	F	Payroll	dedu	uction b	oiweekly \$	25						
	Phenix Mutual Receipt For:	President Aggregate	Year-to-Date ▼	_										
	Primary General Other (specify) ▼		337.50	]										
s	UBTOTAL of Receipts This Page (optional)		•	•			7	- 7	_	75.0	0			
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11k	_	11c		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose	e of s	soliciting	con	ntributi	ons		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
A.	Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd.				Date of	_		pt	/ Y	Y	Y	Y		
	City	State NH	Zip Code 03229						SA11AI.		26			
	Contoocook FEC ID number of contributing federal political committee.	С	03229		eriod 25.	00								
	Name of Employer Phenix Mutual Receipt For:	Occupation President Aggregate	Year-to-Date ▼	— P	<ul> <li>Payroll deduction biweekly \$25</li> </ul>									
	Primary General Other (specify) ▼	362.50												
	Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd.				Date of	_			/	V	V	Y		
	City	State	Zip Code	06 10 2011 Transaction ID : SA11AI.15552										
	Contoocook FEC ID number of contributing federal political committee.	NH C	03229		Amount of Each Receipt this Period									
	Name of Employer Phenix Mutual	Occupation President		Pa	ayroll d	edu	ictio	n biw	veekly \$2	25				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 387.50											
C.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	f Re	eceip	pt						
	Mailing Address 63 Penacook Rd.	Ctota	Zin Code		м м 06	/	L	24	L	20		Y		
	City Contoocook	State NH	Zip Code 03229						SA11AI. eceipt th					
	FEC ID number of contributing federal political committee.			avroll		,		veekly \$2	25	25.	00			
	Name of Employer	Occupation President			ayroll (	Jeal	uctic	עומ ווכ	vеекіў ֆ	20				
	Phenix Mutual       Receipt For:       Primary       Other (specify) ▼		Year-to-Date ▼ 412.50	]										
s	UBTOTAL of Receipts This Page (optional)						-		1.40		75.0	00		
т	OTAL This Period (last page this line number or	nly)												

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b		11c	12	<u> </u>				
	y information copied from such Reports and S													
	for commercial purposes, other than using the													
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND											
A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	eceipt							
	Mailing Address 7494 Heffley Court				м м 04		2	9	/ Y	ү ү 2011	Y			
	City Canal Winchester	State OH	Zip Code 43110						A11AI.1					
	FEC ID number of contributing federal political committee.	С			Amount	t of			ceipt this		5.00			
	Name of Employer	Occupation		— P	ayroll c	ledu	uction I	biwe	eekly \$25	5				
	The Motorists Insurance Group Receipt For:			_										
	Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 225.00											
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	eceipt							
	Mailing Address 7494 Heffley Court		05 / D D / Y Y Y Y Y 2011											
	City Canal Winchester	State OH	Zip Code 43110		Transaction ID : SA11AI.15209         Amount of Each Receipt this Period         25.00         Payroll deduction biweekly \$25									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Sec	retary & CRO	- P										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	eceipt							
	Mailing Address 7494 Heffley Court				м м 05	1	D 2	D 27	/ Y	у у 2011	Y			
	City Canal Winchester	State OH	Zip Code 43110						A11AI.1		1			
	FEC ID number of contributing federal political committee.					7				5.00				
	Name of Employer	Occupation		F	ayroll o	dedu	uction	biwe	ekly \$2	5				
•			cretary & CRO											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00											
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FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)								
11		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14		1c 5	$\vdash$	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose o	f soli	citing	con	tributi	ons
<u>.</u>	NAME OF COMMITTEE (In Full)											
$\rangle$	MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	ceipt					
	Mailing Address 7494 Heffley Court				м м 06	/	D 10		Y	ү 20	ү 11	Y
	City	State	Zip Code		Trans	acti	on ID	: SA1	1 <b>AI</b> .1			
	Canal Winchester	OH	43110	_	Amount	of	Each I	Rece	ipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		25.	00
	Name of Employer	Occupation		-	Payroll c	ledu	ction b	biwee	kly \$2	25		
	The Motorists Insurance Group	Sr. VP, Sec	retary & CRO									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		300.00									
			, ,									
B	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	ceint					
	Mailing Address 7494 Heffley Court				06	/	24		Y	201	Y 11	Y
	City	State	Zip Code		Trans	acti			1AI.1			
	Canal Winchester	OH	43110		Amount	of	Each I	Rece	ipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		25.0	00
	Name of Employer	Occupation		-  I	Payroll d	edu	ction b	iweel	kly \$2	5		
	The Motorists Insurance Group	Sr. VP, Sec	retary & CRO									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		325.00									
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address 1409 Snowmass Road				м м 04	/	29		Y	20 ²		Y
	City	State	Zip Code	$\neg$		acti	ion ID		11AI.	_		
	Columbus	OH	43235		Amount	of	Each I	Recei	ipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					<b>7</b>		7		25.	00
	Name of Employer	Occupation		-	Payroll o	ledu	iction b	biwee	kly \$2	25		
	Motorists Mutual Ins. Company	VP Life Fina	ancial Operations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		225.00									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>							75.0	00
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	×	11a	$\vdash$	11b	>  _	11c		12	<b>1</b> -				
	y information copied from such Reports and S									cont					
	for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	f Re	eceip	ot							
	Mailing Address 1409 Snowmass Road				м м 05	/	D	13	/ Y	۲ 20	ү 11	Y			
	City	State	Zip Code		Trans	act	ion l	ID : S	6A11AI.1	1523	0				
	Columbus	OH	43235	_ /	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			25.00 Payroll deduction biweekly \$25										
	Name of Employer	Occupation			ayroll C	ieat	ucilo	WIGIN	еекіў ф2	-0					
	Motorists Mutual Ins. Company Receipt For:		ancial Operations	_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
в.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	f Re	eceip	ot							
	Mailing Address 1409 Snowmass Road			05 27 2011											
	City	State OH	Zip Code		Transaction ID : SA11AI.15436 Amount of Each Receipt this Period										
	Columbus	_	43235	- '	Amount	t of	Eac	n Re	ceipt thi	is Pe	eriod	_			
	FEC ID number of contributing federal political committee.	С			Payroll deduction biweekly \$25										
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Fina	ancial Operations		ayrull û	euu	JUIU		eeniy ⊅2	J					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00												
с.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	f Re	eceip	ot							
	Mailing Address 1409 Snowmass Road				м м 06	/	D	р 10	/ Y	201		Y			
	City Columbus	State OH	Zip Code 43235						SA11AI.1			-			
	FEC ID number of contributing federal political committee.	С					7		eceipt thi		25.	00			
	Name of Employer	Occupation		F	Payroll of	dedu	uctio	n biw	/eekly \$2	25					
	Motorists Mutual Ins. Company	ancial Operations													
	Receipt For:	Year-to-Date ▼													
	Other (specify)	300.00													
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	`	k only	one)	11c		12		
			Detailed Summary Page		13	14	15		16	17	
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left  \right\rangle$	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			D	ate of	Receipt					
	Mailing Address 1409 Snowmass Road			ΙF	ү 11	Y					
	City Columbus	State OH	Zip Code 43235	06     24     2011       Transaction ID : SA11AI.15571       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				7	7		25.0	00	
	Name of Employer Motorists Mutual Ins. Company Receipt For:		ancial Operations	— Pa —	yroll de	eduction	biweekly \$	25			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00								
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			D	ate of	Receipt					
	Mailing Address 5729 Superior Avenue				04	/ D	D / Y 9	20°	Y 11	Y	
	City	State WI	Zip Code				: SA11AI.				
	Sheboygan	VVI	53083	Ai	mount	of Each	Receipt th	nis Pe	eriod	_	
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Adr		- Pa	yroll de	eduction b	oiweekly \$	25			
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify) ▼	Aggregate	225.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			D	ate of	Receipt					
	Mailing Address 5729 Superior Avenue			Ī	м м 05	/ D	D / Y 3	20 ²	Y 1	Y	
	City Sheboygan	State WI	Zip Code 53083				: SA11AI Receipt th				
	FEC ID number of contributing federal political committee.	C				,			25.0	00	
	Name of Employer	Occupation		_ Ра	yroll a	eduction	biweekly \$	525			
	Wilson Mutual Ins. Co.	Sr. V.P. Adı	ministration								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00	]							
s	UBTOTAL of Receipts This Page (optional)		••••••						75.0	0	
	OTAL This Period (last page this line number of		· ·	Ē							

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	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								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND						
Α.				Date of Receipt					
	Mailing Address 5729 Superior Avenue	State	Zip Code	05 27 2011 Transaction ID : SA11AI.15439					
	Sheboygan	WI	53083	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25					
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		275.00						
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt					
	Mailing Address 5729 Superior Avenue		06 / D D / Y Y Y Y Y 2011						
	City	State	Zip Code	Transaction ID : SA11AI.15576					
	Sheboygan	WI	53083	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25					
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration	_					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		300.00						
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt					
	Mailing Address 5729 Superior Avenue			06 24 2011					
	City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.15577					
		VVI	55065	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00 Payroll deduction biweekly \$25					
	Name of Employer	Occupation							
	Wilson Mutual Ins. Co. Receipt For:		ministration	-					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00						
s	UBTOTAL of Receipts This Page (optional)		•	75.00					
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Use separate schedule(s) for each category of the

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	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											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial)         David L. Kaufman         Mailing Address 7925 Greenside Lane			Date of Receipt								
	City	State OH	Zip Code 43235	04 01 2011 Transaction ID : SA11AI.15244								
	Worthington           FEC ID number of contributing federal political committee.	C	+3233	Amount of Each Receipt this Period								
	Name of Employer Motorists Mutual Ins Co Receipt For:	Occupation Executive \	/P & COO	Payroll deduction biweekly \$30								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00									
в.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt								
	City Worthington	State OH	Zip Code 43235	04     15     2011       Transaction ID : SA11AI.15245       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		<ul> <li>Payroll deduction biweekly \$30</li> </ul>								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
с.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt								
	Mailing Address 7925 Greenside Lane	Otata	Zin Oode	04 29 2011								
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.15246           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00 Payroll deduction biweekly \$30								
	Name of Employer Motorists Mutual Ins Co	Occupation Executive \										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00									
s	UBTOTAL of Receipts This Page (optional)		•	90.00								
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	EMIZED RECEIPTS	for each category of Detailed Summary P		X         11a         11b         11c         12           13         14         15         16         17									
	ny information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC I	UND									
Α.					Date of Receipt								
	Mailing Address 7925 Greenside Lane	State	Zip Code		05 / 13 / 2011 Transaction ID : SA11AL15247								
	Worthington	OH	43235		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer	Occupation	1		Payroll deduction biweekly \$30								
	Motorists Mutual Ins Co	Executive V	/P & COO										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		30	0.00									
в.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt										
	Mailing Address 7925 Greenside Lane		05 / 27 / 2011										
	City	State	Zip Code		Transaction ID : SA11AI.15440								
	Worthington	ОН	43235		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V			Payroll deduction biweekly \$30								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 33	0.00									
с.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of Receipt								
	Mailing Address 7925 Greenside Lane				06 10 / Y Y Y Y Y 06 10 2011								
	City Worthington	State OH	Zip Code 43235		Transaction ID : SA11AI.15578								
		On	43235		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.			30.00									
	Name of Employer	Occupation			Payroll deduction biweekly \$30								
Motorists Mutual Ins Co Executive													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 36	0.00									
	UBTOTAL of Receipts This Page (optional)				90.00								

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	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 Sta or for commercial purposes, other than using the r										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial)         A.         David L. Kaufman         Mailing Address 7925 Greenside Lane		Date of Receipt								
City Worthington	StateZip CodeOH43235	Transaction ID : SA11AI.15579           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	30.00								
Name of Employer         Motorists Mutual Ins Co         Receipt For:         Primary       General         Other (specify) ▼	Occupation Executive VP & COO Aggregate Year-to-Date ▼ 390.00	Payroll deduction biweekly \$30								
B. John C. Kessler Mailing Address 3910 Caswell Road	Date of Receipt									
City Johnstown	StateZip CodeOH43031	05 27 2011 Transaction ID : SA11AI.15441 Amount of Each Receipt this Period								
Materiata Mutual Ina. Ca	C Occupation VP and CIO Aggregate Year-to-Date ▼	20.00 Payroll deduction biweekly \$20								
C. John C. Kessler Mailing Address 3910 Caswell Road	220.00	Date of Receipt								
City Johnstown FEC ID number of contributing federal political committee.	State Zip Code OH 43031	06     10     2011       Transaction ID : SA11AI.15580       Amount of Each Receipt this Period     20.00								
Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	Occupation VP and CIO Aggregate Year-to-Date ▼ 240.00	Payroll deduction biweekly \$20								
SUBTOTAL of Receipts This Page (optional)		70.00								

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)											
			Detailed Summary Page		<b>X</b> 11a	$\square$	11b	11c	Ц	12					
	y information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)			10 3							0.				
	MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) John C. Kessler				Date of	f Re	ceipt								
	Mailing Address 3910 Caswell Road			06 24 2011											
	City	State OH	Zip Code 43031	Transaction ID : SA11AI.15581 Amount of Each Receipt this Period											
	Johnstown	On	45051	_	Amount	t of	Each F	Receipt	this P	eriod	_				
	FEC ID number of contributing federal political committee.	С			L		7		-	20.0	00				
	Name of Employer	Occupation			Payroll c	dedu	ction bi	iweekly	\$20						
	Motorists Mutual Ins. Co.	VP and CIC	)												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		260.00												
в.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt								
	Mailing Address 6934 Roundwood Ct.				04	/	29		y y _ 20	)11	Y				
	City	State	Zip Code			acti		SA11A							
	Dublin	OH	43016		Amount	t of	Each F	Receipt	this P	eriod					
	FEC ID number of contributing federal political committee.	С									00				
	Name of Employer	Occupation		-  I	Payroll d	ledu	ction bi	weekly	\$25						
	Motorists Mutual Ins. Company	Vice Preside	ent												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary     General       Other (specify) ▼		, 225.00	10											
— c.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt								
	Mailing Address 6934 Roundwood Ct.				м м 05	/	. 13		y y 20	)11	Y				
	City	State	Zip Code		Trans	sacti	on ID :	SA11A	1.152	55					
	Dublin	OH	43016	_	Amount	t of	Each F	Receipt	this P	eriod					
	FEC ID number of contributing federal political committee.	С					,		¢05	25.0	00				
	Name of Employer	Occupation			Payroll o	aeau	ICTION D	меекіу	\$25						
	Motorists Mutual Ins. Company	Vice Presid	ent												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) V		250.00												
s	UBTOTAL of Receipts This Page (optional)						7			70.0	0				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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••			Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and s for commercial purposes, other than using the				or the		pose of	soliciting	cont	tributi	ons			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND	)										
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.					Date of Receipt								
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.15442           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Vice Presid Aggregate		ear-to-Date ▼ 275.00										
в.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.				Date of Receipt									
	City Dublin FEC ID number of contributing federal political committee.	State OH	Zip Code 43016		06     10     2011       Transaction ID : SA11AI.15582       Amount of Each Receipt this Period       25.00									
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Vice Presid Aggregate	— P	Payroll deduction biweekly \$25										
 C.	Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)         .       Anne B. King						eceipt							
	Mailing Address 6934 Roundwood Ct.					06 24 2011								
	Dublin	OH	43016	Transaction ID : SA11AI.15583 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C								25.0	00			
	Name of Employer	Occupation		Payroll deduction biweekly \$25										
	Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Vice Presic	ent Year-to-Date ▼ 325.00	]										
$\vdash$	UBTOTAL of Receipts This Page (optional)					-	7	т. т. т. т.		75.0	00			

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	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 Statemen or for commercial purposes, other than using the name a									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND								
Full Name (Last, First, Middle Initial)         Mr. Michael S Lappin         Mailing Address 728 South 29th Street         City       Stat         Manitowoc       WI         FEC ID number of contributing federal political committee.       C	te Zip Code 45220	Date of Receipt 05 27 2011 Transaction ID : SA11AI.15446 Amount of Each Receipt this Period 20.00							
Name of Employer     Occup       Wilson Mutual Ins. Co.     V.P. A       Receipt For:     Aggre       Primary     General       Other (specify)     ✓	<ul> <li>Payroll deduction biweekly \$20</li> </ul>								
Full Name (Last, First, Middle Initial)         B. Mr. Michael S Lappin         Mailing Address 728 South 29th Street         City       Stat         Manitowoc       WI         FEC ID number of contributing federal political committee.       C	ie Zip Code 45220	Date of Receipt							
Name of Employer     Occup       Wilson Mutual Ins. Co.     V.P. A	oation gency Operations egate Year-to-Date ▼ 240.00								
Boogint For:	45220	Date of Receipt 06 24 2011 Transaction ID : SA11AI.15591 Amount of Each Receipt this Period 20.00 Payroll deduction biweekly \$20							
SUBTOTAL of Receipts This Page (optional)	<b>r</b>	60.00							

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		-		11b		11c	12					
					13		14		15	16	17				
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
$\sum$	MOTORISTS MUTUAL INSUR		OMPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	nitial)					Date of Receipt								
	Mailing Address 116 Clarke Lane						M M / D D / Y Y Y Y 04 29 2011								
	City Hopkinton	State Zip Code NH 03229					Transaction ID : SA11AI.15274								
	<b>·</b> ·	_	00220		Amount of Each Receipt this Period						1				
	FEC ID number of contributing federal political committee.	С			25.00						5.00				
	Name of Employer Occupation					Payroll deduction biweekly \$25									
	Phenix Mutual Fire Ins. Co. Sr. V.P.														
	Receipt For: Primary General	Year-to-Date ▼													
	Other (specify)		225.00	]											
В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence					Re	eceip	ot							
	Mailing Address 116 Clarke Lane					05 13 _2011 _									
	City	State	Zip Code	Transaction ID : SA11AI.1527											
	Hopkinton	NH	03229	Amount of Each Receipt this Pe						is Perioc	ł				
	FEC ID number of contributing federal political committee.	С			Payroll deduction biweekly \$25						5.00				
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.													
	Receipt For:	Aggregate Year-to-Date ▼													
	Other (specify)	, 250.00													
С.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence					Re	eceip	ot							
	Mailing Address 116 Clarke Lane					05 27 _2011									
	City	State NH	Zip Code 03229						A11AI.						
	Hopkinton		03229		Amount	of	Eac	h Re	ceipt th	is Perioc	1				
	FEC ID number of contributing federal political committee.		25.00												
	Name of Employer Occupation						Payroll deduction biweekly \$25								
	Phenix Mutual Fire Ins. Co.	Sr. V.P.													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		275.00												
s	UBTOTAL of Receipts This Page (optional)			•			-			75	5.00				
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### 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		< 11a 13		11b 14	11c		12 16	17					
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose of	soliciting		ntribut	ions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR															
Α.	Mailing Address 116 Clarke Lane		7. 0		Date of	/	10	J L	20	9 011	Y					
	City Hopkinton FEC ID number of contributing federal political committee.	State NH	Zip Code 03229	_		of		SA11AL.		Period	.00					
	Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Sr. V.P. Aggregate	Year-to-Date ▼ 300.00	F 	Payroll d	ledu	iction biv	weekly \$	25							
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane			_	Date of	Re	ceipt	/ Y		)11	Y					
	City Hopkinton FEC ID number of contributing federal political committee.	D number of contributing						Transaction ID : SA11AI.15593         Amount of Each Receipt this Period         25.00								
	Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Sr. V.P. Aggregate	Year-to-Date ▼ 325.00	P 	Payroll d	edu	ction biv	veekly \$2	<u>'</u> 5							
C.	Full Name (Last, First, Middle Initial)         Mr. David W. Lemon         Mailing Address       345 Southshore Drive			_	Date of	Re	ceipt 29	/ Y		)11	Ŷ					
	City Greenback FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: □ Primary □ General ○ Other (specify) ▼	State TN C Occupation Director Aggregate	Zip Code 37742 Year-to-Date ▼ 250.00		Amount	of	Each R	SA11AI. eceipt th weekly \$	<b>152</b> is P	<b>76</b> Period 125	.00					
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	5	-	175.	00					
Т	OTAL This Period (last page this line number	only)		•	L			1.40								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of Detailed Summary		<b>X</b>	11a 13		11b	11c	12		17						
	y information copied from such Reports and S for commercial purposes, other than using the				son for	the p	purpo	ose of	soliciting	contrib								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC	FUND														
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt															
	City	State	State Zip Code 04 01 Transaction ID : SA															
	Manitowoc	WI	54220		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С									5.00							
	Name of Employer	Occupation	1		Pay	/roll d	educt	tion bi	iweekly \$	45								
	Motorists Mutual Ins. Co.	Director																
	Receipt For:         Primary       General         Other (specify) ▼																	
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Da	ate of	Rece	eipt										
	Mailing Address 2135 Hunters Ridge Court				04 15 _2011													
	City Manitowoc	State WI	Zip Code 54220						<b>SA11AI.</b> Receipt th		d							
	FEC ID number of contributing federal political committee.	С			45.00													
	Name of Employer Motorists Mutual Ins. Co.			- Pay	roll de	educt	ion biv	weekly \$4	15									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼	360.00															
с.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Da	ate of	Rece	eipt										
	Mailing Address 2135 Hunters Ridge Court				ľ	04	/	D 29		ү ү 2011	Y							
	City Manitowoc	State WI	Zip Code 54220						SA11AI. Receipt th		Ч							
	FEC ID number of contributing federal political committee.	С								4	5.00							
	Name of Employer	Occupation			Pay	roll d	educ	tion bi	iweekly \$	45								
	Motorists Mutual Ins. Co.																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	405.00														
	UBTOTAL of Receipts This Page (optional)			F		_		-	5	13	5.00							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		< 11a		11b		11c		12		
	y information copied from such Reports and S											ions	17
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/				olicit co	ntrik	oution	s fr	om sucl	1 CC	ommitte	ee.	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing	State WI	Zip Code 54220			act		13 D:\$	/ Y SA11AI. eceipt th	2 <b>152</b>	Period	Y	_
	federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	C Occupation Director Aggregate	Year-to-Date ▼ 450.00	]	Payroll	dedu	uction	biw	veekly \$	45	45.	00	
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing	State WI	Zip Code 54220			act	ion IE	27 D:5	/ Y SA11AI. ecceipt th	154		Ŷ	
	Incomposition       Incomposition         federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Director Aggregate	Year-to-Date ▼ 495.00	F	Payroll d	ledu	uction	biw	veekly \$4	45	45.	00	
C.	Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼ 540.00		Amoun	sact	tion II Each	10 D:\$	/ Y SA11AI. eccipt th weekly \$	20 . <b>156</b> nis F	Period	Y 00	]
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			▶ ▶		-	3			+	135.	00	]

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	<b>_</b>	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	of solicitin		ntribut	ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court				Date of	_	· ·				Y				
	Maning Address 2155 Humers Ruge Court			06 24 _ 2011 _											
	City Manitowoc	State WI	Zip Code 54220		Transaction ID : SA11AI.15601										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 45.00											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		F	Payroll d	ledu	uction t	biweekly \$	545						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	]											
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			_	Date of	[:] Re	D		Y	Y	Y				
	City Port Charlotte	State FL	Zip Code 33953	04         01         2011           Transaction ID : SA11AI.15298           Amount of Each Receipt this Period							_				
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer Retired from MIG	Occupation Director			ayroll d	edu	iction b	iweekly \$	50						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]											
с.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	eceipt								
	Mailing Address 4612 Club Dr., Unit 201				04	1	D 15			ү 011	Y				
	City Port Charlotte	State FL	Zip Code 33953					: SA11A							
	FEC ID number of contributing federal political committee.	С					7				.00				
	Name of Employer	Occupation		F	Payroll c	ledu	uction b	biweekly S	\$50						
	Retired from MIG	Director													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7			145.0	00	]			
т	OTAL This Period (last page this line number	only)		•			,	7							

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ITEMIZED REC	EIPTS

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			Detailed Summary Page		11a 13	$\vdash$	11b	11c	12		17			
	y information copied from such Reports and for commercial purposes, other than using th				for the		rpose	of solicitir	ng contr	ibuti	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR													
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201				Date c		eceipt	D /	Y Y	Y	Y			
	City Port Charlotte	State FL	Zip Code 33953		04 29 2011 Transaction ID : SA11AI.15300									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer Retired from MIG	Occupation Director		— F	Payroll deduction biweekly \$50									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date c	of R	eceipt							
	Mailing Address 4612 Club Dr., Unit 201 City State Zip Code						05 / 13 / 2011 Transaction ID : SA11AI.15301							
	Port Charlotte	FL	33953					Receipt		iod				
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer Retired from MIG	Occupation Director	I	P	ayroll	dedu	uction	ion biweekly \$50						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date c	of R	eceipt							
	Mailing Address 4612 Club Dr., Unit 201				^M 05	1		27	y y 2011		Y			
	City Port Charlotte	State FL	Zip Code 33953					D : SA11A Receipt						
	FEC ID number of contributing federal political committee.	С					,		<b>\$</b> 50	50.	.00			
	Name of Employer	Occupation	1	Payroll deduction biweekly \$50										
	Retired from MIG	Director												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]										
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					-	7	- 7	1	50.0	00			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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			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 S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial)         Thomas C. Ogg         Mailing Address       4612 Club Dr., Unit 201			Date of Receipt						
	City Port Charlotte	State FL	Zip Code 33953	06 10 2011 Transaction ID : SA11AI.15604 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer     Occupati       Retired from MIG     Director       Receipt For:     Aggregation			Year-to-Date ▼	Payroll deduction biweekly \$50						
	Other (specify) ▼		600.00							
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt						
	City Port Charlotte	State FL	Zip Code 33953	06     24     2011       Transaction ID : SA11AI.15605       Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	50.00 Payroll deduction biweekly \$50								
	Retired from MIG         Receipt For:         Primary       General         Other (specify) ▼	Director Aggregate	Year-to-Date ▼ 650.00							
c.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt						
	Mailing Address 1026 Loch Ness Avenue	State	Zip Code	04 29 2011 Transaction ID : SA11AI.15332						
	Worthington           FEC ID number of contributing federal political committee.	ОН	43085	Amount of Each Receipt this Period						
	Name of Employer Motorists Mutual Ins. Company Receipt For:		g Prod & Svs	Payroll deduction biweekly \$25						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]						
s	UBTOTAL of Receipts This Page (optional)		••••••	125.00						
т	OTAL This Period (last page this line number	only)	<b></b>							

SCHEDULE A	(FEC Form 3X)
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•••			Detailed Summary Page		11a 13	_	11b 14	11c	_	12 16	17					
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p address of any political committee	erson f	or the	pur pur	pose of	soliciting		ntribut	ions					
>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR															
<b>A</b> .	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue				Date of		eceipt	/ Y		011	Y					
	City Worthington	State OH	Zip Code 43085		Trans		ion ID :	SA11AI.	153	33						
	FEC ID number of contributing federal political committee.	C	+3003	/	Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation VP Plannin	ı g Prod & Svs	Payroll deduction biweekly \$25												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1												
B.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re										
	Mailing Address 1026 Loch Ness Avenue			05 / D D / Y Y Y Y 27 2011												
	City Worthington	State OH	Zip Code 43085		Transaction ID : SA11AI.15461 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00												
	Name of Employer Motorists Mutual Ins. Company	Occupation	g Prod & Svs		ayroll d	edu	ction biv	weekly \$2	25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]												
C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re	eceipt									
	Mailing Address 1026 Loch Ness Avenue				м м 06	/	10	/ Y		) 011	Y					
	City Worthington	State OH	Zip Code 43085					SA11AI.								
	FEC ID number of contributing federal political committee.	С					л. I.				.00					
	Name of Employer	Occupation	1	P	ayroll o	ledu	uction bi	weekly \$	25							
	Motorists Mutual Ins. Company Receipt For:	VP Plannin	g Prod & Svs	_												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1												
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Use separate schedule(s) for each category of the

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	ED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
				rson for the purpose of soliciting contributions to solicit contributions from such committee.								
\	OF COMMITTEE (In Full) ORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND									
A. Rand	me (Last, First, Middle Initial) olph A. Rudowicz Address 1026 Loch Ness Avenue			Date of Receipt								
City		State	Zip Code	06 24 2011 Transaction ID : SA11AI.15658								
Worthir	ngton	OH	43085	Amount of Each Receipt this Period								
	number of contributing political committee.	С		25.00								
Name c	f Employer	Occupation	l	Payroll deduction biweekly \$25								
	s Mutual Ins. Company	VP Planning	g Prod & Svs									
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 325.00									
	me (Last, First, Middle Initial)			Date of Receipt								
Mailing	Address 1252 Pond Hollow Lane			04 29 2011								
City		State	Zip Code	Transaction ID : SA11AI.15340								
New Al		OH	43054	Amount of Each Receipt this Period								
	number of contributing political committee.	С		25.00								
	of Employer s Mutual Insurance Company	Occupation Vice Preside		<ul> <li>Payroll deduction biweekly \$25</li> </ul>								
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
	me (Last, First, Middle Initial) n L. Schwartz			Date of Receipt								
Mailing	Address 1252 Pond Hollow Lane			05 13 2011								
City New Al	bany	State OH	Zip Code 43054	Transaction ID : SA11AI.15341 Amount of Each Receipt this Period								
	number of contributing political committee.	С		25.00								
Name c	f Employer	Occupation	1	Payroll deduction biweekly \$25								
	ts Mutual Insurance Company	Vice Presid	lent									
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
SUBTOT	AL of Receipts This Page (optional)			75.00								
	his Period (last page this line number of											

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13	$\vdash$	11b		11c		12 16	<b>1</b> 47			
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose			cor				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lane				Date of			ot	/ Y	Y	Y	Y		
	City New Albany	State OH	Zip Code 43054		05 27 2011 Transaction ID : SA11AI.15463 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7				eriod 25.	00		
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice Presid Aggregate		— P —	ayroll d	ledu	uctior	n biwe	eekly \$2	!5				
	Primary General Other (specify) ▼		275.00											
B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lane				Date of	Re		ot	/ Y	Y	Ý	Y		
	City New Albany	State OH	Zip Code 43054	06     10     2011       Transaction ID : SA11AI.15623       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			_	25.	00		
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid		— Pi	ayroli d	edu	Iction	n diwe	ekly \$2	5				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz				Date of	Re	eceip	ot						
	Mailing Address 1252 Pond Hollow Lane				м м 06	/		D 24	/ Y	ү 20	Y 11	Y		
	City New Albany	State OH	Zip Code 43054	/					A11AI.1					
	FEC ID number of contributing federal political committee.	С					7		j		25.	.00		
	Name of Employer	Occupation			ayroll d	ieat	JCUO	n Diw	eekly \$2	10				
	Motorists Mutual Insurance Company Receipt For:	Vice Presid		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00											
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т	OTAL This Period (last page this line number	only)	•				,		7					

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			Detailed Summary I		×	11a 13	$\mid$	11b 14		11c 15	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose		oliciting	contribu	itions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC	FUND											
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place					Date of	_								
				04 01 2011 Transaction ID : SA11AI.15346											
	City Westlake	State OH	Zip Code 44145								15346 is Perioc				
	FEC ID number of contributing federal political committee.	С						,			5	5.00			
	Name of Employer	Occupation			- P	ayroll d	ledu	iction	biw	eekly \$	55				
	Motorists Mutual Ins. Co. Receipt For:	Director			_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3	85.00											
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith					Date of	Re	ceipt							
	Mailing Address 29270 Hampshire Place					м м 04	/	D 1	D 5	/ Y	2011	Y			
	City Westlake	State OH	Zip Code 44145		Transaction ID : SA11AI.15347										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director			- Pa	ayroll d	edu	ction	biwe	eekly \$5	5				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	40.00											
с.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith					Date of	Re	ceipt							
	Mailing Address 29270 Hampshire Place					м м 04	/	2	29	/ Y	у у 2011	Y			
	City Westlake	State OH	Zip Code 44145		A					<b>A11AI.</b> ceipt th	15348 is Perioc				
	FEC ID number of contributing federal political committee.	С						7		,		5.00			
	Name of Employer	Occupation			_ P	ayroll c	ledu	uction	biw	eekly \$	55				
	Motorists Mutual Ins. Co. Receipt For:	Director			_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4	195.00											
s	UBTOTAL of Receipts This Page (optional)										165	.00			
т	OTAL This Period (last page this line number	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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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		] 11k	-	11c	12		17			
	ny information copied from such Reports and S for commercial purposes, other than using the							e of			utions	17			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial)         Mr. Robert C. Smith         Mailing Address       29270 Hampshire Place			Date of Receipt											
	City Westlake	State OH	Zip Code 44145		Trans			ID :	SA11AI eceipt t		1				
	FEC ID number of contributing federal political committee.	С					7			5	5.00	]			
	Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 550.00		Payroll	dedu	uctio	on biv	weekly \$	155					
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		, ,		Date o	f Re	eceip		/ Y	YYY	Y				
	City Westlake	State OH	_	05     27     2011       Transaction ID : SA11AI.15465       Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co.	Occupation		F	veekly \$		5.00								
	Receipt For: Primary General Other (specify)	Director           Aggregate	Year-to-Date ▼ 605.00	]											
с.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				Date o	f Re	eceip	pt							
	Mailing Address 29270 Hampshire Place				06	/	D	10	/ Y	2011	Y				
	City Westlake	State OH	Zip Code 44145						SA11AI eceipt tl	I <b>.15627</b> his Period	ł				
	FEC ID number of contributing federal political committee.	С			Douroll	dodu	Ţ	an hii			5.00				
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		'	Payroll	aeat	uctic	יוס חכ	weekly	500					
	Receipt For:     Primary     General       Other (specify) ▼		Year-to-Date ▼ 660.00												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			•			7			165	5.00	]			

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		-	1b	11c		12	<b></b> 1			
Ar	y information copied from such Reports and S	tatements ma	y not be sold or used by any pe	erson	13 for the	pur	14 po:		15 solicitin		16 tributi	17 ons			
	for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				Date o		ece								
	Mailing Address 29270 Hampshire Place	State	Zip Code	06 24 2011 Transaction ID : SA11AI.15628											
	Westlake	OH	44145						leceipt t		-				
	FEC ID number of contributing federal political committee.	С					7				55.(	00			
	Name of Employer	Occupation			Payroll	dedu	ucti	ion bi	weekly	\$55					
	Motorists Mutual Ins. Co.	Director													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 715.00												
В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date o	of Re	ece	eipt							
	Mailing Address 6900 Kindler Drive				M M	/	[	29		201	1	Y			
	City	State OH	Zip Code						SA11AI						
	New Albany	ОП	43054	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL 8	Affiliate Operations		<ul> <li>Payroll deduction biweekly \$25</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
с.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date o	of Re	ece	eipt							
	Mailing Address 6900 Kindler Drive				05	/	Έ	D 13		y y 201	Y 1	Y			
	City New Albany	State OH	Zip Code 43054						SA11A Receipt t						
	FEC ID number of contributing federal political committee.	С					7				25.0	00			
	Name of Employer	Occupation			Payroll	dedu	uct	ion bi	weekly	\$25					
	Motorists Mutual Ins. Co.	Sr. VP CL 8	Affiliate Operations												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
s	UBTOTAL of Receipts This Page (optional)		•••••				7				105.0	0			
Т	OTAL This Period (last page this line number of	only)	••••••	-			7								

Use separate schedule(s) for each category of the

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	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 Statemen or for commercial purposes, other than using the name		
	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)         Charles D. Stapleton         Mailing Address 6900 Kindler Drive         City       Sta         New Albany       OF         FEC ID number of contributing	•	Date of Receipt 05 / 27 2011 Transaction ID : SA11AI.15467 Amount of Each Receipt this Period
federal political committee.     U       Name of Employer     Occu       Motorists Mutual Ins. Co.     Sr. V	pation P CL & Affiliate Operations regate Year-to-Date ▼ 275.00	Payroll deduction biweekly \$25
Motorists Mutual Ins. Co. Sr. VI	1	Date of Receipt 06 / 10 / 2011 Transaction ID : SA11AI.15631 Amount of Each Receipt this Period 25.00 Payroll deduction biweekly \$25
Other (specify) ▼         Full Name (Last, First, Middle Initial)         C. Charles D. Stapleton         Mailing Address 6900 Kindler Drive         City       Sta         New Albany       OF         FEC ID number of contributing federal political committee.       C         Name of Employer       Occur         Motorists Mutual Ins. Co.       Sr. V		Date of Receipt 06 24 2011 Transaction ID : SA11AI.15632 Amount of Each Receipt this Period 25.00 Payroll deduction biweekly \$25
SUBTOTAL of Receipts This Page (optional)		75.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b 14	11c	12 16	17					
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
<b>A</b> .	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road				Date c		ceipt		VV	V					
		Ctoto	Zin Code		04 29 2011 Transaction ID : SA11AI.15360										
	City Glenford	State OH	Zip Code 43739					SA11AL. Receipt th							
	FEC ID number of contributing federal political committee.	С					7			5.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid			Payroll	dedu	iction bi	weekly \$2	25						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00												
в.	Full Name (Last, First, Middle Initial) Tamera A. Stephens				Date c		· .								
	Mailing Address 8816 Cooks Hill Road				05		13		2011	Y					
	City Glenford	State OH	Zip Code 43739					SA11AL							
	FEC ID number of contributing federal political committee.	С					1	,		5.00					
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside		F	Payroll	dedu	ction biv	weekly \$2	25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
с.	Full Name (Last, First, Middle Initial)				Date o	of Re	ceipt								
	Mailing Address 8816 Cooks Hill Road				M N 05	/	27	) / Y	2011	Y					
	City Glenford	State OH	Zip Code 43739					SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.	С					,		2	5.00					
	Name of Employer	Occupation			Payroll	dedu	uction bi	weekly \$	25						
	Motorists Mutual Insurance Company Receipt For:	Vice Presid	lent Year-to-Date ▼												
	Primary General Other (specify) ▼	Ayyreyale	275.00												
s	UBTOTAL of Receipts This Page (optional)			· •			7		75	.00					
т	OTAL This Period (last page this line number of	only)		. 🕨				- 7							

Use separate schedule(s) for each category of the

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	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 Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)         Tamera A. Stephens         Mailing Address 8816 Cooks Hill Road         City       State         Glenford       OH         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupati         Motorists Mutual Insurance Company       Vice Press         Receipt For:       Aggrega         Other (specify) ▼       C		Date of Receipt 06 / 10 / 2011 Transaction ID : SA11AI.15633 Amount of Each Receipt this Period 25.00 Payroll deduction biweekly \$25
Full Name (Last, First, Middle Initial)         Tamera A. Stephens         Mailing Address 8816 Cooks Hill Road         City       State         Glenford       OH         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupati Vice Press         Motorists Mutual Insurance Company       Vice Press         Receipt For:       Aggrega         Primary       General         Other (specify) ▼       Image: Committee		Date of Receipt 06 24 2011 Transaction ID : SA11AI.15634 Amount of Each Receipt this Period 25.00 Payroll deduction biweekly \$25
Full Name (Last, First, Middle Initial)         Mr. Craig Thompson         Mailing Address 2060 Maxwell Avenue         City       State         Lewis Center       OH         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupati         Motorists Mutual Ins. Company       Assist. V         Receipt For:       Aggrega         Other (specify) ▼       C		Date of Receipt 04 29 2011 Transaction ID : SA11AI.15368 Amount of Each Receipt this Period 25.00 Payroll deduction biweekly \$25
SUBTOTAL of Receipts This Page (optional)		75.00

Use separate schedule(s) for each category of the

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	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 e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND					
Α.				Date of Receipt				
	Mailing Address 2060 Maxwell Avenue	State	Zip Code	05 / 13 2011 Transaction ID : SA11AL15369				
	Lewis Center	ОН	43035	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25				
	Motorists Mutual Ins. Company	Assist. V. F	D					
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Other (specify) ▼		250.00	1				
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt				
	Mailing Address 2060 Maxwell Avenue			05 27 2011				
	City	State OH	Zip Code	Transaction ID : SA11AI.15470				
	Lewis Center		43035	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů l						
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		Payroll deduction biweekly \$25				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]				
c.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt				
	Mailing Address 2060 Maxwell Avenue			06 / Y Y Y Y 2011				
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.15637 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer	Occupation	1	Payroll deduction biweekly \$25				
	Motorists Mutual Ins. Company	Assist. V. F	D.					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		300.00	]				
s	UBTOTAL of Receipts This Page (optional)			75.00				
т	OTAL This Period (last page this line number of	only)						

Use separate schedule(s) for each category of the

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	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			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial)           Mr. Craig Thompson           Mailing Address 2060 Maxwell Avenue			Date of Receipt
	City	State	Zip Code	06 24 2011 Transaction ID : SA11AI.15638
	Eewis Center FEC ID number of contributing federal political committee.	ОН	43035	_ Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P Aggregate		Payroll deduction biweekly \$25
В.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs Mailing Address 1300 Scenic Hill Ln.	State	Zip Code	Date of Receipt
	DeWitt           FEC ID number of contributing federal political committee.	IA	52742	Transaction ID : SA11AI.15374         Amount of Each Receipt this Period         125.00
	Name of Employer         Iowa Mutual Ins. Co.         Receipt For:         Primary         Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 250.00	<ul> <li>Payroll contribution \$125</li> </ul>
C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.			Date of Receipt
	City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.15472 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company	C Occupation Vice Presid		20.00 Payroll deduction biweekly \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
s	UBTOTAL of Receipts This Page (optional)		•	170.00
Т	OTAL This Period (last page this line number o	only)	······	

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			Detailed Summary Page	×	11a 13	-	111	-	11c	12	г	17		
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pos	e of s	soliciting	contril	butio	ns		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR													
<b>A</b> .	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.				Date of			pt	/ Y	Y	( - Y	1		
	City Columbus	State OH	Zip Code 43235						<b>5A11AI.</b> eceipt th					
	FEC ID number of contributing federal political committee.	С		P	20.00 Payroll deduction biweekly \$20									
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	Occupation Vice Presid Aggregate		_					,					
	Other (specify)		240.00											
B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.				Date of	f Re		pt 24	/ Y	_2011	Y	1		
	City Columbus	State OH	Zip Code 43235		Transaction ID : SA11AI.15642 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	— P	20.00 Payroll deduction biweekly \$20											
	Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Vice Preside Aggregate	ent Year-to-Date ▼ 260.00											
C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street				Date of			·	/ V	YY		_		
	City Sheboygan	State WI	Zip Code 53081		04 Trans	sact	tion		SA11AI.	2011 <b>15379</b>				
	FEC ID number of contributing federal political committee.	С					7				40.0	0		
	Name of Employer Wilson Mutual Ins. Company Receipt For:	Occupation President	Year-to-Date ▼	F	Payroll deduction biweekly \$40									
	Primary General Other (specify)		280.00	]										
s	UBTOTAL of Receipts This Page (optional)						5		- 1	8	80.00	)		
Т	OTAL This Period (last page this line number	only)												

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	,	—	1b	11c		12	
Ar	y information copied from such Reports and Si	tatements ma			3 the p	1. Durpo		15 solicitin		16 ntributi	17 ons
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Da	te of	Rece	eipt				
	Mailing Address 5203 South 8th Street			M	04	/	D D	/		у 011	Y
	City Sheboygan	State WI	Zip Code 53081					SA11A eceipt t			
	FEC ID number of contributing federal political committee.	С								40.0	00
	Name of Employer	Occupation		- Pay	roll de	educt	ion biv	weekly	\$40		
	Wilson Mutual Ins. Company	President									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00								
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Da	te of	Rece	eipt				
	Mailing Address 5203 South 8th Street			M	м 04	1	29		20	) 11	Y
	City	State	Zip Code					SA11AI			
	Sheboygan	WI	53081	Am	ount	of Ea	ach R	eceipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	С				7				40.0	00
	Name of Employer Wilson Mutual Ins. Company	Occupation President		- Pay	Payroll deduction biweekly \$40						
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		360.00								
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Da	te of	Rece	eipt				
	Mailing Address 5203 South 8th Street			M	05	/	, D D D 13	/	20	) 11	Y
	City	State	Zip Code	T	ransa	actio	n ID :	SA11A	I.153	83	_
	Sheboygan	WI	53081	Am	nount	of Ea	ach R	eceipt t	his P	Period	
	FEC ID number of contributing federal political committee.	С		Pa	roll de	- J	ion hi	weekly	\$40	40.	00
	Name of Employer	Occupation		i ay		Suuci		weekiy	ψτυ		
	Wilson Mutual Ins. Company	President		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
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т	OTAL This Period (last page this line number of	only)	······ •					1.40			

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			Detailed Summary Page	X 11a	11b	11c	12 16	17					
	y information copied from such Reports and for commercial purposes, other than using th					f soliciting	g contribu	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR												
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street			M M			YYY	Y					
	City Sheboygan	State WI	Zip Code 53081		27 action ID t of Each F	SA11AL							
	FEC ID number of contributing federal political committee.	С		40.00 Payroll deduction biweekly \$40									
	Name of Employer Wilson Mutual Ins. Company Receipt For:	Year-to-Date ▼	– Payroll c	eduction b	IWEEKIY \$4	40							
	Primary General Other (specify) ▼		440.00										
в.	Full Name (Last, First, Middle Initial)         Mr. Robert L. Western         Mailing Address 5203 South 8th Street			Date of	Receipt		2011	Y					
	City Sheboygan FEC ID number of contributing	State WI	Zip Code 53081	Transaction ID : SA11AI.15644 Amount of Each Receipt this Period									
	federal political committee. Name of Employer Wilson Mutual Ins. Company	Occupation		- Payroll d	eduction bi	iweekly \$4		.00					
	Receipt For: Primary General Other (specify) ▼	President Aggregate	Year-to-Date ▼ 480.00										
C.				-	Receipt								
	Mailing Address 5203 South 8th Street	Ctoto	Zin Codo	06	24		2011	Y					
	City Sheboygan	State WI	Zip Code 53081		action ID								
	FEC ID number of contributing federal political committee.	С			Jaduatian h	iwookh ¢		).00					
	Name of Employer	Occupation		Payroll deduction biweekly \$40									
	Wilson Mutual Ins. Company         Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	]									
s	UBTOTAL of Receipts This Page (optional)		······				120	.00					
Т	OTAL This Period (last page this line number	only)	•••••••										

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	$\vdash$	11b		11c 15	$\vdash$	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribut	ions			
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
A.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	eceip	t							
	Mailing Address 5519 Medallion Drive W.				04 01 2011 Transaction ID : SA11AI.15388										
	City Westerville	State OH	Zip Code 43082						SA11AI.1 eceipt thi						
	FEC ID number of contributing federal political committee.	С		30.00 Payroll deduction biweekly \$30											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs		'ayroll c	ledu	uctior	אומ ר	eekiy \$3	30					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00												
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.			_	Date of	Re	· ·	t		Y	Y	Y			
	City	State	Zip Code		04			15	6A11AI.1	20	)11				
	Westerville	43082						eceipt thi							
	FEC ID number of contributing federal political committee.	С			30.	00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs		ayroll d	edu	iction	ı biw	eekly \$3	0					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
c.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	eceip	t							
	Mailing Address 5519 Medallion Drive W.				м м 04	1		29	/ Y		)11	Y			
	City Westerville	State OH	Zip Code 43082						SA11AL						
	FEC ID number of contributing federal political committee.	С					,		7		30	.00			
	Name of Employer	Occupation		P	'ayroll o	ledu	uction	n biv	veekly \$3	30					
	Motorists Mutual Ins. Co. Receipt For:	Sr. VP Life	Ops & Corp. Svs	_											
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 270.00												
s	UBTOTAL of Receipts This Page (optional)			,			- -				90.	00			
т	OTAL This Period (last page this line number	only)		•			,		,						

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13	$\vdash$	11b		11c 15	$\vdash$	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribut	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt											
	Mailing Address 5519 Medallion Drive W.		7.0.1		05		L	13	/ Y	20	011	Y			
	City Westerville	State OH	Zip Code 43082						SA11AI. [·] eceipt th						
	FEC ID number of contributing federal political committee.	С		30.00 Payroll deduction biweekly \$30											
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Ops & Corp. Svs		'ayroll d	ledu	uctio	n diw	eekiy \$3	30					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]											
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.				Date of	Re		ot		Y	Y	Y			
	City	State	Zip Code		05	I,	L	27		20	011				
	Westerville	43082						A11AI.1							
	FEC ID number of contributing federal political committee.	С			30	.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	l Ops & Corp. Svs		ayroll d	edu	ICtior	n diw	eekly \$3	0					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00												
c.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	eceip	ot							
	Mailing Address 5519 Medallion Drive W.				м м 06	/	D	10	/ Y		)11	Y			
	City Westerville	State OH	Zip Code 43082						SA11AI.						
	FEC ID number of contributing federal political committee.	С					7					.00			
	Name of Employer	Occupation		F	ayroll c	ledu	uctio	on biw	veekly \$3	30					
	Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼		Ops & Corp. Svs Year-to-Date ▼ 360.00	]											
s	UBTOTAL of Receipts This Page (optional)			,			-			_	90.	00			
	OTAL This Period (last page this line number of			•			7		,	_					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11	-	11c		12 16	17							
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pos	se of	solicitin		ntribut	ions						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND															
Α.	Full Name (Last, First, Middle Initial)         Charles A. Wickert         Mailing Address 5519 Medallion Drive W.			Date of Receipt														
	City	State	Zip Code			sact	ion		SA11A									
	Westerville	OH	43082	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С		30.00														
	Name of Employer	Occupation			Payroll	dedu	ucti	on bi	weekly	\$30								
	Motorists Mutual Ins. Co.	Sr. VP Life	Ops & Corp. Svs															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00															
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date o	f Re	ecei	ipt												
	Mailing Address 90 Timberknoll Loop		04 01 2011 Transaction ID : SA11AI.15396															
	City	State Zip Code OH 43065																
	Powell	OH	43065	Amount of Each Receipt this Period 35.00														
	FEC ID number of contributing federal political committee.	С																
	Name of Employer Motorists Mutual Ins Company										<ul> <li>Payroll deduction biweekly \$35</li> </ul>							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00															
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date o	f Re	ecei	ipt										
	Mailing Address 90 Timberknoll Loop				^M 04	/		D D 15			) 11	Y						
	City Powell	State OH	Zip Code 43065						SA11A eceipt t									
	FEC ID number of contributing federal political committee.	С		35.00								.00						
	Name of Employer	Occupation		Payroll deduction biweekly \$35														
	Motorists Mutual Ins Company	Sr VP,Trea	s.,CFO															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	0														
$\vdash$	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		-   - -			7	-		-	100.	00							

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 60 OF

			Detailed Summary Page	$\begin{array}{ c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$									
	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 INSUR												
<b>A</b> .	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop			Date of Receipt									
	City Powell	State OH	Zip Code 43065	04 29 2011 Transaction ID : SA11AI.15398 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer Motorists Mutual Ins Company Receipt For:	Occupation Sr VP,Trea	s.,CFO	Payroll deduction biweekly \$35									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 315.00										
B.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop			Date of Receipt									
	City	05 13 2011 Transaction ID : SA11AI.15399											
	Powell	OH	43065	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas		Payroll deduction biweekly \$35									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00										
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt									
	Mailing Address 90 Timberknoll Loop			05 27 2011									
	City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.15477           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer	Occupation	1	Payroll deduction biweekly \$35									
	Motorists Mutual Ins Company	Sr VP,Trea	s.,CFO										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify)		385.00										
s	UBTOTAL of Receipts This Page (optional)		,	105.00									
т	OTAL This Period (last page this line number	only)	•••••••••••••••••••••••••••••••••••••••	· [,									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

	for each category of the Detailed Summary Page					
or for commercial purposes, other than u		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	SURANCE COMPANY CIVIC F	UND				
A. Michael L. Wiseman		Date of Receipt				
Mailing Address 90 Timberknoll Loop City	State Zip Code	06 10 2011 Transaction ID : SA11AI.15652				
Powell	OH 43065	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO	Payroll deduction biweekly \$35				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420	.00				
Full Name (Last, First, Middle Initial) B. Michael L. Wiseman		Date of Receipt				
Mailing Address 90 Timberknoll Loop	·					
City Powell	StateZip CodeOH43065	Transaction ID : SA11AI.15653 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO	Payroll deduction biweekly \$35				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455	.00				
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address						
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer						
Receipt For: Primary General Other (specify) ▼						
SUBTOTAL of Receipts This Page (optic	nal)	70.00				
TOTAL This Period (last page this line r	umber only)	5833.20				

S(	SCHEDULE B (FEC Form 3X)						UMBER:			PA	GE 62	OF 68		
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page			21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b							
	ny information copied from such Reports and Staten for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full)													
$\square$	MOTORISTS MUTUAL INSURANC		JPANY CIV	IC FL	JNE	) 								
Δ	Full Name (Last, First, Middle Initial)					T	Date of	Dieb		nent				
л.	Batchelder for Representative Corr	mittee									Y Y	Y		
	Mailing Address 105 West Liberty Street					06 28 2011								
		State	Zip Code				Trans	actio	n ID :	SB29.1	5654			
	Medina Purpose of Disbursement	OH	44256											
	Contribution			0	11		Amount	t of Ea	ach E	Disburse	ment this	Period		
	Candidate Name			Cate		<b>,</b>			_					
	Batchelder for Representative Com	mittee			/pe			7		7	125	0.00		
	President	nent For: Primary Other (spe	General ecify) ▼											
	State: District:					$ \rightarrow $								
в.	Full Name (Last, First, Middle Initial) Citizens for Bill Beagle					Date of					Y			
	Mailing Address 115 S. Tippecanoe Drive PO Box 342				06		07		2011	- Y				
	Tipp City	State OH	Zip Code 45371				Trans	actio	n ID :	SB29.1	5490			
	Purpose of Disbursement Contribution			_		Amount	t of F	ach 「	Dishurse	ment this	Period			
	Candidate Name			Cate Ty	egory /pe	1	, anoun			1000100		0.00		
		nent For: Primary Other (spe	General ecify) ▼											
с.	Full Name (Last, First, Middle Initial) Citizens for Hottinger						Date of	f Disb	ursen	nent				
	Mailing Address 2135 Horns Hill Drive						05	] /	23		2011	Y		
	Newark	State OH	Zip Code 43055				Trans	actio	n ID :	SB29.1	5401			
	Purpose of Disbursement Contribution			0,	11	7	Amount	t of Ea	ach [	Disburse	ment this	Period		
	Candidate Name			Cate		1/					50	0.00		
	Citizens for Hottinger Office Sought: House Disbursen	ant Ear	2011	Ту	/pe			7	_					
	Senate President	nent For: Primary Other (spe	X General											
_	State: District:													
⊢	<b>COTAL</b> This Period (last page this line number only)							7			225	0.00		

S	CHEDULE B (FEC Form 3X)		FOR LINE								
_	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	21b 27	22         23         24         25         26           28a         28b         28c         X         29         30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nar										
$\setminus$	NAME OF COMMITTEE (In Full)										
	MOTORISTS MUTUAL INSURAN	CE COMPANY CIV	IC FUND								
^	Full Name (Last, First, Middle Initial)			Date of Disbursement							
А.	Citizens for Hottinger										
	Mailing Address 2135 Horns Hill Drive			06 03 2011							
	5	State Zip Code		Transaction ID : SB29.15478							
	Newark	OH 43055									
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/								
	Citizens for Hottinger		Type	500.00							
	Office Sought: House Disburset Senate President	ment For: 2011 Primary X General Other (specify)									
_	State: District:										
в.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon Mailing Address 5325 Ponderosa Drive		Date of Disbursement								
			20 2011								
	Columbus	StateZip CodeOH43231		Transaction ID : SB29.15655							
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/	500.00							
	Citizens for Kevin Bacon	mont For:	Туре								
	Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) v									
	Full Name (Last, First, Middle Initial)										
C.	Citizens for Mingo			Date of Disbursement							
	Mailing Address 12364 Thoroughbred Drive			04 21 2011							
	Pickerington	StateZip CodeOH43147		Transaction ID : SB29.15107							
	Purpose of Disbursement Contribution		011	Amount of Facts Distances and the Distances							
	Candidate Name			Amount of Each Disbursement this Period							
	Citizens for Mingo		Category/ Type	600.00							
	Office Sought: House Disburser Senate President	ment For: 2011 Primary X General Other (specify) ▼									
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional)		•••••	1600.00							
Т	OTAL This Period (last page this line number only)	)	••••••								

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 64 OF 68							
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
	NAME OF COMMITTEE (In Full)										
	MOTORISTS MUTUAL INSURAN	CE COMPANY CIV	IC FUND								
<u></u>	Full Name (Last, First, Middle Initial)		Date of Disbursement								
А.	Citizens to Elect John Patrick Carn										
	Mailing Address 357 East Torrence Road	05 16 2011									
	,	State Zip Code		Transaction ID : SB29.15402							
	Columbus Purpose of Disbursement	OH 43214		-							
	Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/	500.00							
	Citizens to Elect John Patrick Carn	ey ment For: 2011	Туре	7 7 7							
	Senate	Primary X General									
	President	Other (specify)									
	State: District:										
в.	Full Name (Last, First, Middle Initial) Committee for Jim Hughes			Date of Disbursement							
	Mailing Address 14 East Gay Street 2nd Floor	06 07 2011									
	Columbus	State Zip Code OH 43215		Transaction ID : SB29.15484							
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/								
			Type	500.00							
	Office Sought: House Disburser										
	Senate President	Primary General Other (specify) ▼									
	State: District:	(-p <b>)</b> / •									
_	Full Name (Last, First, Middle Initial)										
C.	Committee to Elect Cliff Hite	Date of Disbursement									
	Mailing Address 2417 Westmoor Road	06 07 Y Y Y Y 2011									
	City	State Zip Code OH 45840		Transaction ID : SB29.15487							
	Findlay Purpose of Disbursement										
	Contribution		Amount of Each Disbursement this Period								
	Candidate Name	Category/ Type	500.00								
		ment For:		7							
	Senate	Primary General									
	State: District:	Other (specify)									
Г											
s	UBTOTAL of Disbursements This Page (optional)		••••••	1500.00							
<b></b>	OTAL This Period (last page this line number only)										
L '	VIAL THIS FERIOU (last page this line number only)	/	••••••								

ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the batailed Summary Page       Item to information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A. Committee to Elect Niehaus         Mailing Address 1131 Little Indiana Creek Road         City       State         Purpose of Disbursement Contributions         Candidate Name         Office Sought:       House President         Disbursement For:         State:       Disbursement For:         President       Other (specify)         State:       Disbursement For:         Office Sought:       House President         District:       Disbursement For:         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       City         City       State       Zip Code Greenfield         OH       45123									
Detailed Summary Page       210       22       23       24         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)         MATE OF COMMITTEE (In Full)       MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)       A.         A. Committee to Elect Niehaus       Date of Disbursement         Mailing Address 1131 Little Indiana Creek Road       011         City       State       Zip Code         New Richmond       0H       45157-9602         Purpose of Disbursement       011         Category/       Type         Office Sought:       House       Disbursement For:         State:       District:       Amount of Each Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       City       State       Zip Code         Greenfield       OH       45123       Transaction ID: SB29.1	y one)								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from suce NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A. Committee to Elect Niehaus         Mailing Address 1131 Little Indiana Creek Road         City       State         Purpose of Disbursement         Contributions         Candidate Name         Office Sought:       House         President         Disbursement For:         Senate       Primary         President         State:       District:         Full Name (Last, First, Middle Initial)         B. Friends of David Daniels         Mailing Address 440 North St.         City       State         City       State         OH       45123	25 26 X 29 30b								
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A. Committee to Elect Niehaus         Mailing Address 1131 Little Indiana Creek Road         City       State       Zip Code         New Richmond       OH       45157-9602         Purpose of Disbursement       O11         Contributions       011         Candidate Name       011         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:         Purpose of Disbursement State:       District:         City       State         Zip Code       Date of Disbursement         Other (specify)       Image: Case of Disbursement         Mailing Address 440 North St.       Date of Disbursement         City       State       Zip Code         Mailing Address 440 North St.       Transaction ID : SB29.1         Mailing Address 440 North St.       Dif         City       State       Zip Code         Greenfield       OH       45123         Purpose of Disbursement       Disbursement	ng contributions								
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address 1131 Little Indiana Creek Road       Image: Code disbursement contributions       Image: Code disbursement contributions         Candidate Name       Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Senate       President         Other (specify)       ✓       Date of Disbursement         State:       District:       Disbursement For:       Senate         President       Other (specify)       ✓       Date of Disbursement         Mailing Address       440 North St.       Date of Disbursement       Image: Code disbursement         City       State       Zip Code disbursement       Image: Code disbursement       Image: Code disbursement         Mailing Address       440 North St.       Image: Code disbursement       Image: Code disbursement       Image: Code disbursement         City       State       Zip Code disbursement       Image: Code disbursement       Image: Code disbursement         Mailing Address       440 North St.       Image: Code disbursement       Image: Code disbursement       Image: Code disbursement         Off disbursement       Off disbursement       Image: Code disbursement       Image: Code disbursement									
A. Committee to Elect Niehaus       Date of Disbursement         Mailing Address 1131 Little Indiana Creek Road       06         City       State       Zip Code         New Richmond       OH       45157-9602         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         B. Friends of David Daniels       Date of Disbursement         Mailing Address       440 North St.         City       State       Zip Code         Greenfield       OH       45123         Purpose of Disbursement       OH       45123									
Mailing Address 1131 Little Indiana Creek Road       06       07         City       State       Zip Code         New Richmond       0H       45157-9602       Transaction ID : SB29.13         Purpose of Disbursement       011       Category/ Type       Amount of Each Disbursement         Candidate Name       011       Category/ Type       Amount of Each Disbursement For:         Candidate Name       Disbursement For:       Senate       Primary       General         Office Sought:       House       Disbursement For:       Senate       Disbursement For:         State:       District:       Other (specify) ▼       Date of Disbursement         Full Name (Last, First, Middle Initial)       B.       Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       0H       45123       Transaction ID : SB29.13         City       State       Zip Code       Transaction ID : SB29.13         Purpose of Disbursement       OH       45123       Transaction ID : SB29.13									
New Richmond       OH       45157-9602         Purpose of Disbursement Contributions       011       Amount of Each Disburser         Candidate Name       011       Category/ Type       Amount of Each Disburser         Office Sought:       House       Disbursement For: Senate       Primary       General         President       Other (specify)       ✓       Date of Disbursement         State:       District:       Date of Disbursement       Date of Disbursement         Mailing Address       440 North St.       06       07       07         City       State       Zip Code       Transaction ID : SB29.1         Purpose of Disbursement       0H       45123       Transaction ID : SB29.1									
Contributions       011       Amount of Each Disburser         Candidate Name       Category/ Type       Category/ Type       Amount of Each Disburser         Office Sought:       House       Disbursement For:       Senate         President       Other (specify)       Image: Contribution of the control of the contr									
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         State:       District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       06 / 07 / 0         City       State       Zip Code         Greenfield       OH       45123         Purpose of Disbursement       Transaction ID : SB29.1	ment this Period								
Senate       Primary       General         President       Other (specify)       ✓         State:       District:       ✓         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       ✓         City       State       Zip Code         Greenfield       OH       45123         Purpose of Disbursement       ✓       Transaction ID : SB29.1	500.00								
Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Friends of David Daniels       Date of Disbursement         Mailing Address 440 North St.       06 / 07 / 0         City       State       Zip Code         Greenfield       OH       45123         Purpose of Disbursement       Transaction ID : SB29.1									
Mailing Address     440 North St.     06     07       City     State     Zip Code       Greenfield     OH     45123       Purpose of Disbursement     Image: Code state s									
Greenfield OH 45123 Purpose of Disbursement									
	15481								
Contribution Amount of Each Disburser	ment this Period								
Candidate Name Category/ Type	500.00								
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼									
Full Name (Last, First, Middle Initial) C. Friends of Faber Date of Disbursement									
Mailing Address 7706 State Route 703									
City     State     Zip Code     Transaction ID : SB29.1       Celina     OH     45822	5492								
Purpose of Disbursement Contributions 011 Amount of Each Disbursed									
Candidate Name Category/ Type	Amount of Each Disbursement this Period 500.00								
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼									
SUBTOTAL of Disbursements This Page (optional)	1500.00								

S	CHEDULE B (FEC Form 3X)	1.1					NUMBER	:		P/	AGE 66	OF 68			
_	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page			c only 21b 27	22 28a		23 28b	24 28c		26 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
$ \rangle$	MOTORISTS MUTUAL INSURAN	CECON	MPANY CIV	IC FL	JN	ט									
	Full Name (Last, First, Middle Initial)					Date o	of Di-	hures	ment						
н.	Friends of Faber					_	Date o		bursei		Y Y Y	Y			
	Mailing Address 7706 State Route 703								06 23 2011						
	,	State	Zip Code 45822			$\neg \uparrow$	Trans	sactio	on ID	: SB29.′	5507				
	Celina Purpose of Disbursement	OH				2									
	Contributions			0	)11		Amoun	it of I	Each	Disburse	ement this	Period			
	Candidate Name			Cate Ty	egory ype	y/			,	- 7	50	0.00			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General ecify) ▼												
	State: District:	、 <b>.</b>													
в.	Full Name (Last, First, Middle Initial) Friends of Kris Jordan			Date of Disbursement											
	Mailing Address 161 Stonebend Drive		05		2011										
	Powell	State OH	Zip Code 43065		_		Trans	sacti	on ID	: SB29.	15400				
	Purpose of Disbursement Contribution			0	)11		Amount of Each Disbursement this Period								
	Candidate Name Friends of Kris Jordan			Cate		y/					50	00.00			
		ment For:	2011	Ty	ype		l		7	7					
	Senate President	Primary Other (spe	X General												
	State: District:		<i>,</i> , <b>,</b> , , , , , , , , , , , , , , , , ,												
c.	Full Name (Last, First, Middle Initial) Friends of Kris Jordan						Date o	of Dis	burse	ment					
	Mailing Address 161 Stonebend Drive							M M / D D / Y Y Y Y 06 07 2011							
	City State Zip Code							Transaction ID : SB29.15483							
	Powell OH 43065 Purpose of Disbursement Contribution														
	Candidate Name		egory ype	y/	Amount of Each Disbursement this Peric										
	Senate President	ment For: Primary Other (spe	General ecify) <b>▼</b>						<b>7</b>	- 7		<u></u>			
_	State: District:														
⊢	CUBTOTAL of Disbursements This Page (optional)					-	F		,		150	0.00			
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S	CHEDULE B (FEC Form 3X)			F			JUME	FR				PA	AGE	67 (	DF	68	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		1		k only	r one)										
		Detailed Sum			$\square$	21b 27		2 8a		23 28b		24 28c	×	25 29		26 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n for	the		pose		olicitii	ng co	ontribu			
$\setminus$	NAME OF COMMITTEE (In Full)																
$\angle$	MOTORISTS MUTUAL INSURANC			FL	JN	D											
Α.	Full Name (Last, First, Middle Initial) Friends of Sandra Williams								Date of Disbursement								
	Mailing Address 12518 Fairhill Road									05 10 / Y Y Y Y 2011							
	City S Cleveland	State Zip OH 44		Transaction ID : SB29.15106													
	Purpose of Disbursement Contribution			0	11	٦	Amount of Each Disbursement this Period									d	
	Candidate Name			Cate	gor	v/			1	-	_	-	-	250	00		
	Friends of Sandra Williams				/pe	-		-		7	_	- 7		350	0.00		
	Office Sought: House Disburser Senate President District:	nent For: 2011 Primary X Other (specify)															
в.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones							te o	_	sburse			Y Y	/ Y	Y		
	Mailing Address 800 Valley View Point									06 07 2011							
	City Springboro		Code 066				Transaction ID : SB29.15491						1				
	Purpose of Disbursement Contribution		-	-		۸m	oun	t of	Each	Dick		mon	t thic I	Porio	d		
	Candidate Name		Cate Ty	egor /pe	y/	Amount of Each Disbursement this Period											
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (specify)	General ▼														
	Full Name (Last, First, Middle Initial)																
C.	LaRose for Senate						Date of Disbursement										
	Mailing Address 3800 Rosemont Boulevard #109-C								06 07 2011								
	City State Zip Code Akron OH 44333								Transaction ID : SB29.15508								
	Purpose of Disbursement Contribution 011								Amount of Each Disbursement this F							d	
	Candidate Name Frank LaRose		egory/ ype		500.00												
	Office Sought: House Disburser	nent For: Primary Other (specify)	General ▼		/pc					5		- 7					
Г							Г	-	-	-	_	-	-	1250	00		
s	UBTOTAL of Disbursements This Page (optional)							÷	-	7		7	-	1350	.00		
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SC	CHEDULE B (FEC Form 3X)						UMBER			P	AGE 68	OF 68					
	EMIZED DISBURSEMENTS	Use sepa			c only												
			category of the Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n for the		pose (	of soliciti	ng contrib	utions					
$\setminus$	NAME OF COMMITTEE (In Full)	_		_													
$ \rangle$	MOTORISTS MUTUAL INSURANCE	CE CON	IPANY CIVI	C Fl	JN	D											
<u>ب</u>	Full Name (Last, First, Middle Initial)						<b>.</b>										
А.	Renacci for Congress		Date c				V	N.									
	Mailing Address PO Box 88				04 21 Y Y Y Y 2011												
	City S Wadsworth	State OH	Zip Code 44282		Transaction ID : SB29.16425												
	Purpose of Disbursement Contribution		442.02	_	_		Amount of Each Disbursement this Period										
	Candidate Name						Amour	nt of	Each	Disburse	ement this	Period					
					egor ype	y/			7		50	00.00					
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼														
	State: District:																
В.	Full Name (Last, First, Middle Initial) Tim Schaffer for Ohio Senate						Date c				Y Y Y	V					
	Mailing Address 1173 Stone Run Court								06 07 2011								
	Lancaster	State OH	Zip Code 43130				Tran	sact	ion ID	: SB29.	15482						
	Purpose of Disbursement Contribution			<b></b>	-		Amount of Each Disbursement this Period										
	Candidate Name	Categor Type					500.00										
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C.	Full Name (Last, First, Middle Initial)						Date o	_	sburse		Y Y Y	M					
	Mailing Address											- 1					
	City	State	Zip Code														
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s	UBTOTAL of Disbursements This Page (optional)					►		-	,	7		0.00					
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