

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

ADDRESS (number and street)

471 E BROAD ST

Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00336834

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

04 / 01 / 2011 through 06 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael L. Wiseman

Signature of Treasurer

Michael L. Wiseman

[Electronically Filed]

Date

11 / 16 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text"/>	<input type="text" value="10265.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7422.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11109.70"/>	<input type="text" value="20782.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18532.68"/>	<input type="text" value="31047.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10715.00"/>	<input type="text" value="23230.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7817.68"/>	<input type="text" value="7817.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	10700.00	23200.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10715.00	23230.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10715.00	23230.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11109.70	20782.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11109.70	20782.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	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: PAGE 6 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2011

Transaction ID : SA11AI.15108

Amount of Each Receipt this Period
30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)
B. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2011

Transaction ID : SA11AI.15109

Amount of Each Receipt this Period
30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)
C. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2011

Transaction ID : SA11AI.15110

Amount of Each Receipt this Period
30.00

Payroll deduction bi-weekly \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 13 / 2011
Transaction ID : SA11AI.15111

Amount of Each Receipt this Period
 30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)
B. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 05 / 27 / 2011
Transaction ID : SA11AI.15406

Amount of Each Receipt this Period
 30.00

Payroll deduction bi-weekly \$30

Full Name (Last, First, Middle Initial)
C. Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 06 / 10 / 2011
Transaction ID : SA11AI.15512

Amount of Each Receipt this Period
 30.00

Payroll deduction bi-weekly \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11Al.15513

Amount of Each Receipt this Period

800.00

30.00

Payroll deduction bi-weekly \$30

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11Al.15114

Amount of Each Receipt this Period

800.00

25.00

Payroll deduction bi-weekly \$25

C. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11Al.15115

Amount of Each Receipt this Period

800.00

25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2011

Transaction ID : SA11AI.15407

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15514

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

C. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 68
(check only one)

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

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

A. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court
City Powell State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **560.00**

Date of Receipt **04 / 01 / 2011**
Transaction ID : SA11AI.15116
Amount of Each Receipt this Period **80.00**
Payroll deduction biweekly \$80

B. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court
City Powell State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **640.00**

Date of Receipt **04 / 15 / 2011**
Transaction ID : SA11AI.15117
Amount of Each Receipt this Period **80.00**
Payroll deduction biweekly \$80

C. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court
City Powell State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **720.00**

Date of Receipt **04 / 29 / 2011**
Transaction ID : SA11AI.15118
Amount of Each Receipt this Period **80.00**
Payroll deduction biweekly \$80

SUBTOTAL of Receipts This Page (optional)..... **240.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John J. Bishop		Date of Receipt MM / DD / YYYY 05 / 13 / 2011 Transaction ID : SA11AI.15119
Mailing Address 1390 Picardae Court		Amount of Each Receipt this Period 80.00
City Powell State OH Zip Code 43065	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$80
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt MM / DD / YYYY 05 / 27 / 2011 Transaction ID : SA11AI.15408
Mailing Address 1390 Picardae Court		Amount of Each Receipt this Period 80.00
City Powell State OH Zip Code 43065	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$80
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00

Full Name (Last, First, Middle Initial) C. John J. Bishop		Date of Receipt MM / DD / YYYY 06 / 10 / 2011 Transaction ID : SA11AI.15516
Mailing Address 1390 Picardae Court		Amount of Each Receipt this Period 80.00
City Powell State OH Zip Code 43065	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$80
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John J. Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address 1390 Picardae Court
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1040.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.15517
 Amount of Each Receipt this Period **80.00**
 Payroll deduction biweekly \$80

B. Mr. Richard B. Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address S86 W33540 Short Drive
 City Mukwonago State WI Zip Code 53149-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 13 / 2011**
Transaction ID : SA11AI.15120
 Amount of Each Receipt this Period **125.00**
 Payroll deduction

C. Mrs. Annette Braet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1831 265th Street
 City Calamus State IA Zip Code 52729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 27 / 2011**
Transaction ID : SA11AI.15409
 Amount of Each Receipt this Period **20.00**
 Payroll deduction biweekly \$20

SUBTOTAL of Receipts This Page (optional)..... **225.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Annette Braet		Date of Receipt MM / DD / YYYY 06 / 10 / 2011 Transaction ID : SA11AI.15518
Mailing Address 1831 265th Street		Amount of Each Receipt this Period 20.00
City Calamus State IA Zip Code 52729	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$20
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) B. Mrs. Annette Braet		Date of Receipt MM / DD / YYYY 06 / 24 / 2011 Transaction ID : SA11AI.15519
Mailing Address 1831 265th Street		Amount of Each Receipt this Period 20.00
City Calamus State IA Zip Code 52729	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$20
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell		Date of Receipt MM / DD / YYYY 04 / 29 / 2011 Transaction ID : SA11AI.15148
Mailing Address 5760 Whispering Trail		Amount of Each Receipt this Period 25.00
City Galena State OH Zip Code 43021	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 68
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 13 / 2011

Transaction ID : SA11AI.15149

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
05 / 27 / 2011

Transaction ID : SA11AI.15415

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
C. Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
06 / 10 / 2011

Transaction ID : SA11AI.15530

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15531

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

B. John D. Coffman
Full Name (Last, First, Middle Initial)

Mailing Address 6697 Stone Cir Way

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15152

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

C. John D. Coffman
Full Name (Last, First, Middle Initial)

Mailing Address 6697 Stone Cir Way

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15153

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John D. Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6697 Stone Cir Way
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Tax Division
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15416
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

B. John D. Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6697 Stone Cir Way
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Tax Division
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15532
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

C. John D. Coffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6697 Stone Cir Way
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Tax Division
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.15533
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Thomas R Cole
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 South 9th Street Ct.
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Insurance Company President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2011
Transaction ID : SA11AI.15156
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

B. Mr. Thomas R Cole
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 South 9th Street Ct.
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Insurance Company President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15157
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

C. Mr. Thomas R Cole
 Full Name (Last, First, Middle Initial)
 Mailing Address 712 South 9th Street Ct.
 City State Zip Code
 Eldridge IA 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Mutual Insurance Company President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15417
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street Ct.		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City Eldridge	State IA	Zip Code 52748
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15534
Name of Employer Iowa Mutual Insurance Company		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation President		Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street Ct.		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City Eldridge	State IA	Zip Code 52748
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15535
Name of Employer Iowa Mutual Insurance Company		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation President		Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) C. Douglas L. Dodson		Date of Receipt
Mailing Address 4084 Herald Square Pl		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15172
Name of Employer Motorists Mutual Ins. Company		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation Vice President		Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15173
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

B. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15421
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

C. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square PI
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15542
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square Pl

City Dublin State OH Zip Code 43016

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 24 / 2011**

Transaction ID : SA11AI.15543

Amount of Each Receipt this Period **25.00**

Payroll deduction biweekly \$25

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **403.20**

Date of Receipt **04 / 01 / 2011**

Transaction ID : SA11AI.15178

Amount of Each Receipt this Period **57.60**

Payroll deduction biweekly \$57.60

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.80**

Date of Receipt **04 / 15 / 2011**

Transaction ID : SA11AI.15179

Amount of Each Receipt this Period **57.60**

Payroll deduction biweekly \$57.60

SUBTOTAL of Receipts This Page (optional).....▶	140.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **518.40**

Date of Receipt **04 / 29 / 2011**

Transaction ID : SA11AI.15180

Amount of Each Receipt this Period **57.60**

Payroll deduction biweekly \$57.60

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **05 / 13 / 2011**

Transaction ID : SA11AI.15181

Amount of Each Receipt this Period **57.60**

Payroll deduction biweekly \$57.60

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **633.60**

Date of Receipt **05 / 27 / 2011**

Transaction ID : SA11AI.15423

Amount of Each Receipt this Period **57.60**

Payroll deduction biweekly \$57.60

SUBTOTAL of Receipts This Page (optional)..... **172.80**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **691.20**

Date of Receipt
06 / 10 / 2011
Transaction ID : **SA11AI.15546**

Amount of Each Receipt this Period
57.60

Payroll deduction biweekly \$57.60

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **748.80**

Date of Receipt
06 / 24 / 2011
Transaction ID : **SA11AI.15547**

Amount of Each Receipt this Period
57.60

Payroll deduction biweekly \$57.60

C. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook State NH Zip Code 03229

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

Name of Employer Phenix Mutual Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
04 / 01 / 2011
Transaction ID : **SA11AI.15190**

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... **140.20**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City State Zip Code
Contoocook NH 03229

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

Name of Employer Occupation
Phenix Mutual President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.50

Date of Receipt
 / /
 04 / 15 / 2011
Transaction ID : SA11AI.15191

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City State Zip Code
Contoocook NH 03229

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

Name of Employer Occupation
Phenix Mutual President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
 / /
 04 / 29 / 2011
Transaction ID : SA11AI.15192

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
C. Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City State Zip Code
Contoocook NH 03229

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

Name of Employer Occupation
Phenix Mutual President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
337.50

Date of Receipt
 / /
 05 / 13 / 2011
Transaction ID : SA11AI.15193

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City State Zip Code
 Contoocook NH 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Phenix Mutual President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 362.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15426
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City State Zip Code
 Contoocook NH 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Phenix Mutual President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 387.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15552
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

C. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City State Zip Code
 Contoocook NH 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Phenix Mutual President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 412.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.15553
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack		Date of Receipt
Mailing Address 7494 Heffley Court		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Canal Winchester	OH	43110
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15208
The Motorists Insurance Group	Sr. VP, Secretary & CRO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
		Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial) B. Mrs. Susan E. Haack		Date of Receipt
Mailing Address 7494 Heffley Court		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Canal Winchester	OH	43110
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15209
The Motorists Insurance Group	Sr. VP, Secretary & CRO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="25.00"/>
		Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial) C. Mrs. Susan E. Haack		Date of Receipt
Mailing Address 7494 Heffley Court		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City	State	Zip Code
Canal Winchester	OH	43110
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15431
The Motorists Insurance Group	Sr. VP, Secretary & CRO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	<input type="text" value="25.00"/>
		Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 26 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mrs. Susan E. Haack
Full Name (Last, First, Middle Initial)

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15560

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

B. Mrs. Susan E. Haack
Full Name (Last, First, Middle Initial)

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15561

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15229

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2011
Transaction ID : SA11AI.15230
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

B. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 27 / 2011
Transaction ID : SA11AI.15436
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

C. Peter A. Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2011
Transaction ID : SA11AI.15570
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 68
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15571

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

B. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)

Mailing Address 5729 Superior Avenue

City Sheboygan	State WI	Zip Code 53083
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15242

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

C. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)

Mailing Address 5729 Superior Avenue

City Sheboygan	State WI	Zip Code 53083
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15243

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 27 / 2011
Transaction ID : SA11AI.15439
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

B. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2011
Transaction ID : SA11AI.15576
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

C. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.15577
 Amount of Each Receipt this Period 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2011
Transaction ID : SA11AI.15244
 Amount of Each Receipt this Period
 30.00
 Payroll deduction biweekly \$30

B. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2011
Transaction ID : SA11AI.15245
 Amount of Each Receipt this Period
 30.00
 Payroll deduction biweekly \$30

C. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2011
Transaction ID : SA11AI.15246
 Amount of Each Receipt this Period
 30.00
 Payroll deduction biweekly \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011
Transaction ID : SA11AI.15247

Amount of Each Receipt this Period
30.00

Payroll deduction biweekly \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2011
Transaction ID : SA11AI.15440

Amount of Each Receipt this Period
30.00

Payroll deduction biweekly \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011
Transaction ID : SA11AI.15578

Amount of Each Receipt this Period
30.00

Payroll deduction biweekly \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David L. Kaufman		Date of Receipt
Mailing Address 7925 Greenside Lane		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Transaction ID : SA11AI.15579
Worthington	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="30.00"/>
Name of Employer	Occupation	Payroll deduction biweekly \$30
Motorists Mutual Ins Co	Executive VP & COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City	State	Transaction ID : SA11AI.15441
Johnstown	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll deduction biweekly \$20
Motorists Mutual Ins. Co.	VP and CIO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. John C. Kessler		Date of Receipt
Mailing Address 3910 Caswell Road		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Transaction ID : SA11AI.15580
Johnstown	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll deduction biweekly \$20
Motorists Mutual Ins. Co.	VP and CIO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 33 OF 68
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. John C. Kessler
Full Name (Last, First, Middle Initial)
Mailing Address 3910 Caswell Road
City Johnstown State OH Zip Code 43031
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.15581
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

B. Anne B. King
Full Name (Last, First, Middle Initial)
Mailing Address 6934 Roundwood Ct.
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2011
Transaction ID : SA11AI.15254
Amount of Each Receipt this Period 25.00
Payroll deduction biweekly \$25

C. Anne B. King
Full Name (Last, First, Middle Initial)
Mailing Address 6934 Roundwood Ct.
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2011
Transaction ID : SA11AI.15255
Amount of Each Receipt this Period 25.00
Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 05 / 27 / 2011
Transaction ID : SA11AI.15442

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 10 / 2011
Transaction ID : SA11AI.15582

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
C. Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
 Dublin OH 43016

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

Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 06 / 24 / 2011
Transaction ID : SA11AI.15583

Amount of Each Receipt this Period
 25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 68
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)
Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2011

Transaction ID : SA11AI.15446

Amount of Each Receipt this Period
20.00

Payroll deduction biweekly \$20

B. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)
Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15590

Amount of Each Receipt this Period
20.00

Payroll deduction biweekly \$20

C. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)
Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 68
(check only one)

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

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

A. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15274

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15275

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

C. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2011

Transaction ID : SA11AI.15447

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15592

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15593

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

C. Mr. David W. Lemon
Full Name (Last, First, Middle Initial)
Mailing Address 345 Southshore Drive

City Greenback	State TN	Zip Code 37742
-------------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15276

Amount of Each Receipt this Period

125.00

Payroll deduction biweekly \$125

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 68
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2011

Transaction ID : SA11AI.15290

Amount of Each Receipt this Period

45.00

Payroll deduction biweekly \$45

B. Mr. Robert L. McCracken
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2011

Transaction ID : SA11AI.15291

Amount of Each Receipt this Period

45.00

Payroll deduction biweekly \$45

C. Mr. Robert L. McCracken
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15292

Amount of Each Receipt this Period

45.00

Payroll deduction biweekly \$45

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15293
 Amount of Each Receipt this Period
 45.00
 Payroll deduction biweekly \$45

B. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15451
 Amount of Each Receipt this Period
 45.00
 Payroll deduction biweekly \$45

C. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15600
 Amount of Each Receipt this Period
 45.00
 Payroll deduction biweekly \$45

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City State Zip Code
 Manitowoc WI 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.15601
 Amount of Each Receipt this Period
 45.00
 Payroll deduction biweekly \$45

B. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City State Zip Code
 Port Charlotte FL 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired from MIG Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2011
Transaction ID : SA11AI.15298
 Amount of Each Receipt this Period
 50.00
 Payroll deduction biweekly \$50

c. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City State Zip Code
 Port Charlotte FL 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired from MIG Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2011
Transaction ID : SA11AI.15299
 Amount of Each Receipt this Period
 50.00
 Payroll deduction biweekly \$50

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 41 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2011
Transaction ID : SA11AI.15300

Amount of Each Receipt this Period
 50.00

Payroll deduction biweekly \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15301

Amount of Each Receipt this Period
 50.00

Payroll deduction biweekly \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
 Port Charlotte FL 33953

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

Name of Employer Occupation
 Retired from MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15453

Amount of Each Receipt this Period
 50.00

Payroll deduction biweekly \$50

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15604

Amount of Each Receipt this Period

50.00

Payroll deduction biweekly \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period

50.00

Payroll deduction biweekly \$50

Full Name (Last, First, Middle Initial)
C. Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15332

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz		Date of Receipt
Mailing Address 1026 Loch Ness Avenue		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City State Zip Code Worthington OH 43085		Transaction ID : SA11AI.15333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz		Date of Receipt
Mailing Address 1026 Loch Ness Avenue		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City State Zip Code Worthington OH 43085		Transaction ID : SA11AI.15461
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. Randolph A. Rudowicz		Date of Receipt
Mailing Address 1026 Loch Ness Avenue		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City State Zip Code Worthington OH 43085		Transaction ID : SA11AI.15620
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning Prod & Svs	Payroll deduction biweekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 OF 68
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)
Mailing Address 1026 Loch Ness Avenue
City State Zip Code
Worthington OH 43085
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.15658
Amount of Each Receipt this Period
25.00
Payroll deduction biweekly \$25

B. Karen L. Schwartz
Full Name (Last, First, Middle Initial)
Mailing Address 1252 Pond Hollow Lane
City State Zip Code
New Albany OH 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Motorists Mutual Insurance Company Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
04 / 29 / 2011
Transaction ID : SA11AI.15340
Amount of Each Receipt this Period
25.00
Payroll deduction biweekly \$25

C. Karen L. Schwartz
Full Name (Last, First, Middle Initial)
Mailing Address 1252 Pond Hollow Lane
City State Zip Code
New Albany OH 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Motorists Mutual Insurance Company Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 13 / 2011
Transaction ID : SA11AI.15341
Amount of Each Receipt this Period
25.00
Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... **75.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Karen L. Schwartz		Date of Receipt MM / DD / YYYY 05 / 27 / 2011 Transaction ID : SA11AI.15463
Mailing Address 1252 Pond Hollow Lane		Amount of Each Receipt this Period 25.00
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Karen L. Schwartz		Date of Receipt MM / DD / YYYY 06 / 10 / 2011 Transaction ID : SA11AI.15623
Mailing Address 1252 Pond Hollow Lane		Amount of Each Receipt this Period 25.00
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Karen L. Schwartz		Date of Receipt MM / DD / YYYY 06 / 24 / 2011 Transaction ID : SA11AI.15624
Mailing Address 1252 Pond Hollow Lane		Amount of Each Receipt this Period 25.00
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2011
Transaction ID : SA11AI.15346

Amount of Each Receipt this Period
55.00

Payroll deduction biweekly \$55

Full Name (Last, First, Middle Initial)
B. Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2011
Transaction ID : SA11AI.15347

Amount of Each Receipt this Period
55.00

Payroll deduction biweekly \$55

Full Name (Last, First, Middle Initial)
C. Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2011
Transaction ID : SA11AI.15348

Amount of Each Receipt this Period
55.00

Payroll deduction biweekly \$55

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15349
 Amount of Each Receipt this Period
 55.00
 Payroll deduction biweekly \$55

B. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15465
 Amount of Each Receipt this Period
 55.00
 Payroll deduction biweekly \$55

C. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15627
 Amount of Each Receipt this Period
 55.00
 Payroll deduction biweekly \$55

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

55.00

Payroll deduction biweekly \$55

B. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15356

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

c. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15357

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 49 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15467
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

B. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15631
 Amount of Each Receipt this Period
 25.00
 Payroll deduction biweekly \$25

c. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 Kindler Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2011
Transaction ID : SA11AI.15360

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA11AI.15361

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
C. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15468

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 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)
B. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 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)
c. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City State Zip Code
Lewis Center OH 43035

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

Name of Employer Occupation
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 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

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

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

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

FOR LINE NUMBER: PAGE 52 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2011

Transaction ID : SA11AI.15369

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2011

Transaction ID : SA11AI.15470

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
C. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2011

Transaction ID : SA11AI.15637

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

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

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

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

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

FOR LINE NUMBER: PAGE 53 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2011

Transaction ID : SA11AI.15638

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly \$25

Full Name (Last, First, Middle Initial)
B. Mr. Alan R. Tubbs

Mailing Address 1300 Scenic Hill Ln.

City DeWitt State IA Zip Code 52742

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

Name of Employer Iowa Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2011

Transaction ID : SA11AI.15374

Amount of Each Receipt this Period
125.00

Payroll contribution \$125

Full Name (Last, First, Middle Initial)
C. Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2011

Transaction ID : SA11AI.15472

Amount of Each Receipt this Period
20.00

Payroll deduction biweekly \$20

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.00**

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

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

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

FOR LINE NUMBER: PAGE 54 OF 68
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 10 / 2011**
Transaction ID : SA11AI.15641
Amount of Each Receipt this Period **200.00**
Payroll deduction biweekly \$20

B. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.15642
Amount of Each Receipt this Period **200.00**
Payroll deduction biweekly \$20

C. Mr. Robert L. Western
Full Name (Last, First, Middle Initial)
Mailing Address 5203 South 8th Street
City Sheboygan State WI Zip Code 53081
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Company Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 01 / 2011**
Transaction ID : SA11AI.15379
Amount of Each Receipt this Period **40.00**
Payroll deduction biweekly \$40

SUBTOTAL of Receipts This Page (optional)..... **80.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 55 OF 68
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 5203 South 8th Street

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Company	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2011

Transaction ID : SA11AI.15380

Amount of Each Receipt this Period
40.00

Payroll deduction biweekly \$40

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

Mailing Address 5203 South 8th Street

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Company	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15382

Amount of Each Receipt this Period
40.00

Payroll deduction biweekly \$40

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

Mailing Address 5203 South 8th Street

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Company	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15383

Amount of Each Receipt this Period
40.00

Payroll deduction biweekly \$40

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2011
Transaction ID : SA11AI.15473
 Amount of Each Receipt this Period 40.00
 Payroll deduction biweekly \$40

B. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11AI.15644
 Amount of Each Receipt this Period 40.00
 Payroll deduction biweekly \$40

C. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.15645
 Amount of Each Receipt this Period 40.00
 Payroll deduction biweekly \$40

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
 Westerville OH 43082

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP Life Ops & Corp. Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 04 / 01 / 2011
Transaction ID : SA11AI.15388

Amount of Each Receipt this Period
 30.00

Payroll deduction biweekly \$30

Full Name (Last, First, Middle Initial)
B. Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
 Westerville OH 43082

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP Life Ops & Corp. Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 04 / 15 / 2011
Transaction ID : SA11AI.15389

Amount of Each Receipt this Period
 30.00

Payroll deduction biweekly \$30

Full Name (Last, First, Middle Initial)
C. Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
 Westerville OH 43082

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

Name of Employer Occupation
 Motorists Mutual Ins. Co. Sr. VP Life Ops & Corp. Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 04 / 29 / 2011
Transaction ID : SA11AI.15390

Amount of Each Receipt this Period
 30.00

Payroll deduction biweekly \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15391

Amount of Each Receipt this Period

30.00

Payroll deduction biweekly \$30

B. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2011

Transaction ID : SA11AI.15475

Amount of Each Receipt this Period

30.00

Payroll deduction biweekly \$30

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15648

Amount of Each Receipt this Period

30.00

Payroll deduction biweekly \$30

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles A. Wickert		Date of Receipt
Mailing Address 5519 Medallion Drive W.		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2011
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Motorists Mutual Ins. Co.	Sr. VP Life Ops & Corp. Svs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	390.00	
		Transaction ID : SA11AI.15649
		Amount of Each Receipt this Period
		30.00
		Payroll deduction biweekly \$30

Full Name (Last, First, Middle Initial) B. Michael L. Wiseman		Date of Receipt
Mailing Address 90 Timberknoll Loop		M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2011
City	State	Zip Code
Powell	OH	43065
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Motorists Mutual Ins Company	Sr VP,Treas.,CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	245.00	
		Transaction ID : SA11AI.15396
		Amount of Each Receipt this Period
		35.00
		Payroll deduction biweekly \$35

Full Name (Last, First, Middle Initial) C. Michael L. Wiseman		Date of Receipt
Mailing Address 90 Timberknoll Loop		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2011
City	State	Zip Code
Powell	OH	43065
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Motorists Mutual Ins Company	Sr VP,Treas.,CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	280.00	
		Transaction ID : SA11AI.15397
		Amount of Each Receipt this Period
		35.00
		Payroll deduction biweekly \$35

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : SA11AI.15398

Amount of Each Receipt this Period

35.00

Payroll deduction biweekly \$35

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2011

Transaction ID : SA11AI.15399

Amount of Each Receipt this Period

35.00

Payroll deduction biweekly \$35

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2011

Transaction ID : SA11AI.15477

Amount of Each Receipt this Period

35.00

Payroll deduction biweekly \$35

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 68
(check only one)

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

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

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : SA11AI.15652

Amount of Each Receipt this Period

35.00

Payroll deduction biweekly \$35

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.15653

Amount of Each Receipt this Period

35.00

Payroll deduction biweekly \$35

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	5833.20

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Batchelder for Representative Committee

Mailing Address 105 West Liberty Street

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

011

Candidate Name

Batchelder for Representative Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : SB29.15654

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Citizens for Bill Beagle

Mailing Address 115 S. Tippecanoe Drive
PO Box 342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2011

Transaction ID : SB29.15490

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 2135 Horns Hill Drive

City Newark State OH Zip Code 43055

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens for Hottinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB29.15401

Amount of Each Disbursement this Period

500.00

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Citizens for Hottinger

Mailing Address 2135 Horns Hill Drive

City Newark State OH Zip Code 43055

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens for Hottinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : SB29.15478

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens for Kevin Bacon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : SB29.15655

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Mingo

Mailing Address 12364 Thoroughbred Drive

City Pickerington State OH Zip Code 43147

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens for Mingo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2011

Transaction ID : SB29.15107

Amount of Each Disbursement this Period

600.00

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

1600.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Citizens to Elect John Patrick Carney

Mailing Address 357 East Torrence Road

City Columbus State OH Zip Code 43214

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens to Elect John Patrick Carney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2011

Transaction ID : SB29.15402

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee for Jim Hughes

Mailing Address 14 East Gay Street
2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2011

Transaction ID : SB29.15484

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Cliff Hite

Mailing Address 2417 Westmoor Road

City Findlay State OH Zip Code 45840

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2011

Transaction ID : SB29.15487

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Niehaus

Mailing Address 1131 Little Indiana Creek Road

City New Richmond State OH Zip Code 45157-9602

Purpose of Disbursement
Contributions

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.15493

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of David Daniels

Mailing Address 440 North St.

City Greenfield State OH Zip Code 45123

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.15481

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Faber

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement
Contributions

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.15492

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822

Purpose of Disbursement
Contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : SB29.15507

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Kris Jordan

Mailing Address 161 Stonebend Drive

City State Zip Code
Powell OH 43065

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB29.15400

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kris Jordan

Mailing Address 161 Stonebend Drive

City State Zip Code
Powell OH 43065

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2011

Transaction ID : SB29.15483

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Sandra Williams

Mailing Address 12518 Fairhill Road

City Cleveland State OH Zip Code 44120

Purpose of Disbursement Contribution

011

Candidate Name

Friends of Sandra Williams

Category/Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2011

Transaction ID : SB29.15106

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Friends of Shannon Jones

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2011

Transaction ID : SB29.15491

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LaRose for Senate

Mailing Address 3800 Rosemont Boulevard #109-C

City Akron State OH Zip Code 44333

Purpose of Disbursement Contribution

011

Candidate Name

Frank LaRose

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2011

Transaction ID : SB29.15508

Amount of Each Disbursement this Period

500.00

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

1350.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address PO Box 88

City Wadsworth State OH Zip Code 44282

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID : SB29.16425

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Tim Schaffer for Ohio Senate

Mailing Address 1173 Stone Run Court

City Lancaster State OH Zip Code 43130

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	1

Transaction ID : SB29.15482

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	7	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---