

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 (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 11 / 04 / 2014 in the State of OH

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 Mrs. Susan E. Haack

Signature of Treasurer Mrs. Susan E. Haack [Electronically Filed] Date 11 / 26 / 2014

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

**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="2014"/>	<input type="text" value=""/>	<input type="text" value="33086.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14186.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6399.30"/>	<input type="text" value="36379.40"/>
(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="20586.06"/>	<input type="text" value="69465.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1502.00"/>	<input type="text" value="50381.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19084.06"/>	<input type="text" value="19084.06"/>
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

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).....	5315.30	20647.20
(ii) Unitemized	84.00	14732.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5399.30	35379.40
(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)	5399.30	35379.40
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.....	1000.00	1000.00
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))..... ▶	6399.30	36379.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6399.30	36379.40

DETAILED SUMMARY PAGE
of Disbursements

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	2.00	31.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2.00	31.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	3250.00
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	1000.00	47100.00
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)) ..	1502.00	50381.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1502.00	50381.45

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)	5399.30	35379.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5399.30	35379.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.00	31.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	31.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 71
	<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. 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 Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.21993

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

B. 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 Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.21994

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

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

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

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22140

Amount of Each Receipt this Period

40.00

 payroll deduction of \$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 7 OF 71
(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 R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 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 ▼ 550.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.21995
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 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 ▼ 575.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.21997
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 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 ▼ 600.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22141
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$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 8 OF 71
	<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. Alissa Bills
Full Name (Last, First, Middle Initial)
Mailing Address 5300 Snider Loop

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 Insurance Co.	Occupation AVP Marketing
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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
11	/	07	/	2014

Transaction ID : SA11AI.21999

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Alissa Bills
Full Name (Last, First, Middle Initial)
Mailing Address 5300 Snider Loop

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 Insurance Co.	Occupation AVP Marketing
--	-----------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22142

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Mr. Richard B. Bowers
Full Name (Last, First, Middle Initial)
Mailing Address S86 W33540 Short Drive

City Mukwonago	State WI	Zip Code 53149-9306
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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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22000

Amount of Each Receipt this Period

125.00

 payroll deduction of \$125

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 71
	<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. Jon A. Bright		Date of Receipt 10 / 24 / 2014 Transaction ID : SA11AI.22001
Mailing Address 4915 Norfolk Place		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C	Name of Employer Iowa Mutual Ins. Co.	Occupation Sr. V.P.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Mr. Jon A. Bright		Date of Receipt 11 / 07 / 2014 Transaction ID : SA11AI.22002
Mailing Address 4915 Norfolk Place		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C	Name of Employer Iowa Mutual Ins. Co.	Occupation Sr. V.P.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. Mr. Jon A. Bright		Date of Receipt 11 / 21 / 2014 Transaction ID : SA11AI.22143
Mailing Address 4915 Norfolk Place		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C	Name of Employer Iowa Mutual Ins. Co.	Occupation Sr. V.P.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
(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 J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
10 / 24 / 2014

Transaction ID : SA11AI.22003

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)
B. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
11 / 07 / 2014

Transaction ID : SA11AI.22004

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)
C. Thomas J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 21 / 2014

Transaction ID : SA11AI.22144

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 11 OF 71
(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. Thomas D. Campana
Full Name (Last, First, Middle Initial)

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
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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 ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22005

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Thomas D. Campana
Full Name (Last, First, Middle Initial)

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
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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 ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22006

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

c. Thomas D. Campana
Full Name (Last, First, Middle Initial)

Mailing Address 6436 Meadow Glen N

City Westerville	State OH	Zip Code 43082
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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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22145

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
	<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. 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 ▼ **550.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : SA11AI.22007

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

B. 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 ▼ **575.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22008

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

C. 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 ▼ **600.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : SA11AI.22146

Amount of Each Receipt this Period **25.00**
payroll deduction of \$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 13 OF 71
<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. Thomas R Cole
Full Name (Last, First, Middle Initial)

Mailing Address 712 South 9th Street Ct.

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer Iowa Mutual Insurance Company	Occupation 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
11	/	07	/	2014

Transaction ID : SA11AI.22009

Amount of Each Receipt this Period

62.50

 payroll deduction of \$62.50

B. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

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
10	/	24	/	2014

Transaction ID : SA11AI.22010

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22011

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	92.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 71
	<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. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)

Mailing Address 4282 Hunts Drive

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22147

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22012

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22013

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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 15 OF 71
(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. Rose DePontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Nottingham Road
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22148
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

B. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22014
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

C. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22015
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 16 OF 71
<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. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22149
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

B. Mr. Jason M Eppley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, Commercial Production & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22016
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

C. Mr. Jason M Eppley
 Full Name (Last, First, Middle Initial)
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, Commercial Production & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22017
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 17 OF 71
	<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. Jason M Eppley
Full Name (Last, First, Middle Initial)

Mailing Address 7918 Brianna Drive

City Blacklick State OH Zip Code 43004

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, Commercial Production & Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22150

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Jeffrey S Fee
Full Name (Last, First, Middle Initial)

Mailing Address 537 Courtright Court

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Asst Vice President Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22018

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Jeffrey S Fee
Full Name (Last, First, Middle Initial)

Mailing Address 537 Courtright Court

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Asst Vice President Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22019

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
<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. Jeffrey S Fee
Full Name (Last, First, Middle Initial)
Mailing Address 537 Courtright Court
City Pickerington State OH Zip Code 43147
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Asst Vice President Commercial Lines
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : SA11AI.22151
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Cynthia Feldner
Full Name (Last, First, Middle Initial)
Mailing Address 4555 Windrow Dr.
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation AVP Accounting
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : SA11AI.22020
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C. Cynthia Feldner
Full Name (Last, First, Middle Initial)
Mailing Address 4555 Windrow Dr.
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation AVP Accounting
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22021
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**
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 19 OF 71
	<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. Cynthia Feldner
Full Name (Last, First, Middle Initial)

Mailing Address 4555 Windrow Dr.

City	State	Zip Code
Grove City	OH	43123

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

Name of Employer	Occupation
Motorists Mutual Ins. Co.	AVP Accounting

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
11	/	21	/	2014

Transaction ID : SA11AI.22152

Amount of Each Receipt this Period

15.00

payroll deduction of \$15

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

Mailing Address 9240 Griggs Rd

City	State	Zip Code
Englewood	FL	34224

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

Name of Employer	Occupation
Motorists Mutual Insurance Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1767.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22023

Amount of Each Receipt this Period

70.10

payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City	State	Zip Code
Englewood	FL	34224

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

Name of Employer	Occupation
Motorists Mutual Insurance Co.	Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1842.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22022

Amount of Each Receipt this Period

75.00

payroll deduction of \$75

SUBTOTAL of Receipts This Page (optional).....▶	160.10
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 71
	<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 ▼ 1912.30

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.22024

Amount of Each Receipt this Period
70.10
payroll deduction of \$70.10

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 ▼ 1982.40

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.22153

Amount of Each Receipt this Period
70.10
payroll deduction of \$70.10

C. Joseph P Fullenkamp
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11AI.22025

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.20

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 71
	<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. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22026
 Amount of Each Receipt this Period **15.00**
 payroll deduction of \$15

B. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : SA11AI.22154
 Amount of Each Receipt this Period **15.00**
 payroll deduction of \$15

C. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Sr. VP, General Counsel & Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : SA11AI.22027
 Amount of Each Receipt this Period **10.00**
 payroll deduction of \$10

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 22 OF 71
(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. Charles R. Gaskill
Full Name (Last, First, Middle Initial)
Mailing Address 1425 Briarmeadow Dr.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Sr. VP, General Counsel & Secretary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22028
Amount of Each Receipt this Period 10.00
payroll deduction of \$10

B. Charles R. Gaskill
Full Name (Last, First, Middle Initial)
Mailing Address 1425 Briarmeadow Dr.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Sr. VP, General Counsel & Secretary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22155
Amount of Each Receipt this Period 10.00
payroll deduction of \$10

c. Ms Ying George
Full Name (Last, First, Middle Initial)
Mailing Address 1389 Glenn Ave
City Columbus State OH Zip Code 43212
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22029
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
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 23 OF 71
	<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. Ms Ying George
Full Name (Last, First, Middle Initial)
Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax Services
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22030

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Ms Ying George
Full Name (Last, First, Middle Initial)
Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax Services
--	---------------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22156

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22031

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 24 OF 71
<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. 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 ▼ 575.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22032
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

B. 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 ▼ 600.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22202
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

C. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court
City Pataskala State OH Zip Code 43062
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22033
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

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 25 OF 71
(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. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22034

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.
---	---

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
11	/	21	/	2014

Transaction ID : SA11AI.22157

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Elizabeth Graham
Full Name (Last, First, Middle Initial)
Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---	---

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
10	/	24	/	2014

Transaction ID : SA11AI.22035

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....	45.00
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 26 OF 71
	<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. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus State OH Zip Code 43204

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

Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.22036

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

B. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus State OH Zip Code 43204

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

Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting

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
11 / 21 / 2014

Transaction ID : SA11AI.22158

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

C. Shaun D. Gregoire
Full Name (Last, First, Middle Initial)

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

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
10 / 24 / 2014

Transaction ID : SA11AI.22037

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 27 OF 71
<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. Shaun D. Gregoire
Full Name (Last, First, Middle Initial)

Mailing Address 396 Shelby Avenue, East

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22038

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Shaun D. Gregoire
Full Name (Last, First, Middle Initial)

Mailing Address 396 Shelby Avenue, East

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing
---	----------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22159

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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

Mailing Address 6845 Temperance Point Place

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

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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22039

Amount of Each Receipt this Period

10.00

 payroll deduction of \$10

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 28 OF 71
<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. Archie Griffin
Full Name (Last, First, Middle Initial)

Mailing Address 6845 Temperance Point Place

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

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 ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22040

Amount of Each Receipt this Period

10.00

 payroll deduction of \$10

B. Archie Griffin
Full Name (Last, First, Middle Initial)

Mailing Address 6845 Temperance Point Place

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

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period

10.00

 payroll deduction of \$10

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

Mailing Address 4819 St. Andrews Circle

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

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

Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP
--	------------------------

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
10	/	24	/	2014

Transaction ID : SA11AI.22041

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....	35.00
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 71
(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. Dino Guanciale
Full Name (Last, First, Middle Initial)
Mailing Address 4819 St. Andrews Circle

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

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

Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22042

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Dino Guanciale
Full Name (Last, First, Middle Initial)
Mailing Address 4819 St. Andrews Circle

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

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

Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP
--	------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22161

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. 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, Treasurer and CFO
---	---

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
10	/	24	/	2014

Transaction ID : SA11AI.22043

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 30 OF 71
	<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. 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, Treasurer and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.22044

Amount of Each Receipt this Period
25.00
payroll deduction of \$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, Treasurer and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.22162

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

C. Marc S. Hall
Full Name (Last, First, Middle Initial)
Mailing Address 5999 Lane Road

City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C		
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11AI.22046

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

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: (check only one)	PAGE 31 OF 71
	<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	<input type="checkbox"/> 17

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

A. Marc S. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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 ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.22047

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

B. Marc S. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.22163

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

C. Paul T. Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

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 ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.22048

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 71
	<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. Paul T. Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

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 ▼ **345.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22049

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Paul T. Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 43081

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 ▼ **360.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22203

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22050

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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 33 OF 71
<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. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : **SA11AI.22051**

Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : **SA11AI.22164**

Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

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

Mailing Address 2860 Wynridge Drive

City Grove City State OH Zip Code 43123

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, Sales - West Zone

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : **SA11AI.22052**

Amount of Each Receipt this Period **20.00**
payroll deductio of \$20

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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 71
(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. Kirk Hennen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2860 Wynridge Drive
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Co AVP, Sales - West Zone
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.22053
 Amount of Each Receipt this Period
 20.00
 payroll deductio of \$20

B. Kirk Hennen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2860 Wynridge Drive
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Co AVP, Sales - West Zone
 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
 11 / 21 / 2014
Transaction ID : SA11AI.22165
 Amount of Each Receipt this Period
 20.00
 payroll deductio of \$20

C. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City State Zip Code
 Hilliard OH 43026
 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 ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.22054
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 35 OF 71
	<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. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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 ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.22055

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

B. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

C. Henry L Huntington
Full Name (Last, First, Middle Initial)

Mailing Address 7290 Pleasant Street

City Loudon State NH Zip Code 03307

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

Name of Employer Phenix Mutual Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.22056

Amount of Each Receipt this Period
62.50

payroll deduction of \$62.50

SUBTOTAL of Receipts This Page (optional)..... **92.50**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 71
(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. Dan E. Jeffers
Full Name (Last, First, Middle Initial)
Mailing Address 6401 Rossmore Lane

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

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 ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22057

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)
Mailing Address 6401 Rossmore Lane

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

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 ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22059

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Mr. Dan E. Jeffers
Full Name (Last, First, Middle Initial)
Mailing Address 6401 Rossmore Lane

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

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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22167

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
	<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. Ms Jessica Jones
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Commercial Lines
--	-------------------------------------

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
10	/	24	/	2014

Transaction ID : SA11AI.22060

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Ms Jessica Jones
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Commercial Lines
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22061

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Ms Jessica Jones
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Commercial Lines
--	-------------------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22168

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 38 OF 71
<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 Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

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

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

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
10	/	24	/	2014

Transaction ID : SA11AI.22062

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

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

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22063

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

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

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22169

Amount of Each Receipt this Period

30.00

 payroll deduction of \$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 39 OF 71
(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 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 ▼ 440.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22064
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

B. 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 ▼ 460.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22065
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

c. 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 ▼ 480.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22170
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$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 40 OF 71
(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. Anne B. King

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 ▼ **565.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22066

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

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 ▼ **590.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22171

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

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 ▼ **615.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22068

Amount of Each Receipt this Period

25.00

 payroll deduction of \$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 41 OF 71
	<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. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : **SA11AI.22069**

Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

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

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : **SA11AI.22067**

Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : **SA11AI.22172**

Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 42 OF 71
(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 D. Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Gingerwood Lane
 City Bettendorf State IA Zip Code 52722
 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 ▼ 1000.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.22204
 Amount of Each Receipt this Period 1000.00
 annual deduction

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 ▼ 440.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22072
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$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 ▼ 460.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22073
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

SUBTOTAL of Receipts This Page (optional).....▶ 1040.00
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 43 OF 71 (check only one) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> 11a</td> <td style="width: 25%;"><input type="checkbox"/> 11b</td> <td style="width: 25%;"><input type="checkbox"/> 11c</td> <td style="width: 25%;"><input type="checkbox"/> 12</td> </tr> <tr> <td><input type="checkbox"/> 13</td> <td><input type="checkbox"/> 14</td> <td><input type="checkbox"/> 15</td> <td><input type="checkbox"/> 16</td> </tr> <tr> <td colspan="4" style="text-align: right;"><input type="checkbox"/> 17</td> </tr> </table>	<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			
<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. Michael S Lappin	Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014 Transaction ID : SA11AI.22174						
Mailing Address 728 South 29th Street	Amount of Each Receipt this Period 20.00 payroll deduction of \$20						
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Manitowoc</td> <td>WI</td> <td>45220</td> </tr> </table>	City	State	Zip Code	Manitowoc	WI	45220	
City	State	Zip Code					
Manitowoc	WI	45220					
FEC ID number of contributing federal political committee. C							
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00						

Full Name (Last, First, Middle Initial) B. Mr. Todd Lawrence	Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 Transaction ID : SA11AI.22074						
Mailing Address 116 Clarke Lane	Amount of Each Receipt this Period 25.00 payroll deduction of \$25						
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Hopkinton</td> <td>NH</td> <td>03229</td> </tr> </table>	City	State	Zip Code	Hopkinton	NH	03229	
City	State	Zip Code					
Hopkinton	NH	03229					
FEC ID number of contributing federal political committee. C							
Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00						

Full Name (Last, First, Middle Initial) C. Mr. Todd Lawrence	Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 Transaction ID : SA11AI.22075						
Mailing Address 116 Clarke Lane	Amount of Each Receipt this Period 25.00 payroll deduction of \$25						
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Hopkinton</td> <td>NH</td> <td>03229</td> </tr> </table>	City	State	Zip Code	Hopkinton	NH	03229	
City	State	Zip Code					
Hopkinton	NH	03229					
FEC ID number of contributing federal political committee. C							
Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00						

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

**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 71
(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. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22175

Amount of Each Receipt this Period

1234567890	25.00
------------	-------

 payroll deduction of \$25

B. 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22076

Amount of Each Receipt this Period

1234567890	125.00
------------	--------

 payroll deduction of \$125

C. Michael Lisi
Full Name (Last, First, Middle Initial)
Mailing Address 6740 Callaway Court

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

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 ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22077

Amount of Each Receipt this Period

1234567890	15.00
------------	-------

 payroll deduction of \$15

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 45 OF 71
<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 Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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 ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.22078

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

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

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.22176

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 43285

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 ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.22079

Amount of Each Receipt this Period
15.00

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 46 OF 71
<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. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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 ▼
345.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.22080

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

B. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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 ▼
360.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.22177

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

C. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
American Hardware Mutual Ins V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11AI.22081

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 47 OF 71
	<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. Steven E. Manteufel		Date of Receipt
Mailing Address #1 2441 121 Cir NE		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Blaine	MN	55449
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.22082
American Hardware Mutual Ins	V.P.	
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="345.00"/>	<input type="text" value="15.00"/>
		payroll deduction of \$15

Full Name (Last, First, Middle Initial) B. Mr. Steven E. Manteufel		Date of Receipt
Mailing Address #1 2441 121 Cir NE		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Blaine	MN	55449
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.22178
American Hardware Mutual Ins	V.P.	
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="360.00"/>	<input type="text" value="15.00"/>
		payroll deduction of \$15

Full Name (Last, First, Middle Initial) C. Mr. Robert L. McCracken		Date of Receipt
Mailing Address 2135 Hunters Ridge Court		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Manitowoc	WI	54220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.22083
Motorists Mutual Ins. Co.	Director	
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="990.00"/>	<input type="text" value="45.00"/>
		payroll deduction of \$45

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 48 OF 71
<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 ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22084

Amount of Each Receipt this Period

45.00

 payroll deduction of \$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 ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22179

Amount of Each Receipt this Period

45.00

 payroll deduction of \$45

C. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Manager
--	-----------------------

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
10	/	24	/	2014

Transaction ID : SA11AI.22085

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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: (check only one)	PAGE 49 OF 71
<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. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22086

Amount of Each Receipt this Period 15.00
payroll deduction of \$15

B. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22180

Amount of Each Receipt this Period 15.00
payroll deduction of \$15

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

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 ▼ 1100.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22087

Amount of Each Receipt this Period 50.00
payroll deduction of \$50

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 50 OF 71
<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. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

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 ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22088

Amount of Each Receipt this Period

50.00

 payroll deduction of \$50

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

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22181

Amount of Each Receipt this Period

50.00

 payroll deduction of \$50

C. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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 ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22089

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 51 OF 71
<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. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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 ▼ **345.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22090

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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 ▼ **360.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22182

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina State MN Zip Code 55436

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22093

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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 52 OF 71
	<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. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22094

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---	----------------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22184

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

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

Mailing Address 325 Olenview Circle

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

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 ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22095

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
(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. Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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 ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.22096

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
B. Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.22185

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

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

Mailing Address 825 West Price Street

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines

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
 10 / 24 / 2014
Transaction ID : SA11AI.22097

Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 54 OF 71
<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. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22098
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

B. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22186
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

C. Kelly Reisling
Full Name (Last, First, Middle Initial)
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22099
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 55 OF 71
	<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. Kelly Reisling
Full Name (Last, First, Middle Initial)

Mailing Address 3178 Ranke Court

City State Zip Code
Grove City OH 43123

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

Name of Employer Occupation
Motorists Mutual Ins Co. Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
11 / 07 / 2014
Transaction ID : SA11AI.22100

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

B. Kelly Reisling
Full Name (Last, First, Middle Initial)

Mailing Address 3178 Ranke Court

City State Zip Code
Grove City OH 43123

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

Name of Employer Occupation
Motorists Mutual Ins Co. Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
11 / 21 / 2014
Transaction ID : SA11AI.22187

Amount of Each Receipt this Period
15.00
payroll deduction of \$15

C. 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 ▼
550.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11AI.22101

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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 56 OF 71
<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="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Worthington OH 43085		Transaction ID : SA11AI.22102
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 Occupation Motorists Mutual Ins. Company VP Planning Prod & Svs		payroll deduction of \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="575.00"/>	

Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz		Date of Receipt
Mailing Address 1026 Loch Ness Avenue		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Worthington OH 43085		Transaction ID : SA11AI.22188
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 Occupation Motorists Mutual Ins. Company VP Planning Prod & Svs		payroll deduction of \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Austin Slattery		Date of Receipt
Mailing Address 734 Prairie Run Dr.		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City State Zip Code Sunbury OH 43074		Transaction ID : SA11AI.22103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Occupation Motorists Mutual Ins Co. Assistant VP		payroll deduction of \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
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 57 OF 71
<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. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22104
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : SA11AI.22189
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C. Bradford P. Smith
Full Name (Last, First, Middle Initial)
Mailing Address 13 Old Stagecoach Rd.
City Hopkinton State NH Zip Code 03229
FEC ID number of contributing federal political committee. **C**
Name of Employer Phenix Mutual Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22105
Amount of Each Receipt this Period **62.50**
payroll deduction of \$62.50

SUBTOTAL of Receipts This Page (optional)..... **92.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 71
	<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. 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 ▼
1210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22106

Amount of Each Receipt this Period

55.00

 payroll deductio nof \$55

B. 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 ▼
1265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22107

Amount of Each Receipt this Period

55.00

 payroll deductio nof \$55

C. 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 ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22190

Amount of Each Receipt this Period

55.00

 payroll deductio nof \$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 59 OF 71
<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. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

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
10	/	24	/	2014

Transaction ID : SA11AI.22108

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

B. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22109

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

C. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

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
11	/	21	/	2014

Transaction ID : SA11AI.22191

Amount of Each Receipt this Period

15.00

 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71
<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. 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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.22110

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. 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 ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.22111

Amount of Each Receipt this Period

25.00

 payroll deduction of \$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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.22192

Amount of Each Receipt this Period

25.00

 payroll deduction of \$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 61 OF 71
	<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. Craig Thompson
Full Name (Last, First, Middle Initial)

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 ▼ **550.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : **SA11AI.22112**

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

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

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 ▼ **575.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : **SA11AI.22113**

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

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

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 ▼ **600.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : **SA11AI.22193**

Amount of Each Receipt this Period **25.00**
payroll deduction of \$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 62 OF 71
	<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. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 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
 10 / 24 / 2014
Transaction ID : SA11AI.22114
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

B. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.22115
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

C. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Assistant VP
 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
 11 / 21 / 2014
Transaction ID : SA11AI.22194
 Amount of Each Receipt this Period
 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 63 OF 71
	<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. Alan R. Tubbs
Full Name (Last, First, Middle Initial)

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.22116

Amount of Each Receipt this Period
 125.00
 payroll deduction of \$125

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 ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.22119

Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

C. 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 ▼
460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11AI.22120

Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

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 64 OF 71
	<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. 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 ▼ 480.00

Date of Receipt 11 / 21 / 2014
Transaction ID : SA11AI.22196

Amount of Each Receipt this Period 20.00
payroll deduction of \$20

B. Robert Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11AI.22121

Amount of Each Receipt this Period 25.00
payroll deduction of \$25

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

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 07 / 2014
Transaction ID : SA11AI.22122

Amount of Each Receipt this Period 25.00
payroll deduction of \$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: (check only one)	PAGE 65 OF 71
<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. Robert Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22197

Amount of Each Receipt this Period **25.00**

payroll deduction of \$25

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 ▼ **250.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22125

Amount of Each Receipt this Period **62.50**

payroll deduction of \$62.50

C. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22126

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... **102.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 71
	<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. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : SA11AI.22127

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

B. Mr. Edward Wetzel
Full Name (Last, First, Middle Initial)

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : SA11AI.22199

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

C. Ms Lisa Wharton
Full Name (Last, First, Middle Initial)

Mailing Address 616 Birghton St

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : SA11AI.22128

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 67 OF 71
<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. Ms Lisa Wharton		Date of Receipt
Mailing Address 616 Birghton St		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Pickerington State OH Zip Code 43147		Transaction ID : SA11AI.22129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO		payroll deduction of \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	

Full Name (Last, First, Middle Initial) B. Ms Lisa Wharton		Date of Receipt
Mailing Address 616 Birghton St		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Pickerington State OH Zip Code 43147		Transaction ID : SA11AI.22200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO		payroll deduction of \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) C. Charles A. Williams		Date of Receipt
Mailing Address 14924 S. R. 35, E.		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Sunbury State OH Zip Code 43074		Transaction ID : SA11AI.22130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.		payroll deduction of \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
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 68 OF 71
(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. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
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 ▼ **345.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : SA11AI.22131
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

B. Charles A. Williams
Full Name (Last, First, Middle Initial)
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
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 ▼ **360.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : SA11AI.22201
Amount of Each Receipt this Period **15.00**
payroll deduction of \$15

C.
Full Name (Last, First, Middle Initial)
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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	5315.30

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

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

FOR LINE NUMBER: PAGE 69 OF 71
(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. Iowa Insurance Institute Political Action Committee

Full Name (Last, First, Middle Initial)
 Mailing Address 215-10th Street

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA16.22139

Amount of Each Receipt this Period

 refund for ck #838 dated 8/13/14

B.

Full Name (Last, First, Middle Initial)
 Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
 Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1000.00"/>

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

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

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address 471 E. Broad Street
11th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.22132

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

/ /

Amount of Each Disbursement this Period

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

/ /

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. Iowa Insurance Institute Political Action Committee

Date of Disbursement

Mailing Address 215-10th Street

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

City Des Moines State IA Zip Code 50309

Transaction ID : SB29.22133

Purpose of Disbursement
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

1000.00

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

1000.00
