

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael L. Wiseman  
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 07 02 2010

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	6454.38									
(c) Total Receipts (from Line 19) .....	11572.20	22517.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18026.58	36460.58								
7. Total Disbursements (from Line 31) .....	12539.00	30973.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5487.58	5487.58								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6170.70	8406.00
(ii) Unitemized .....	5401.50	14111.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11572.20	22517.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11572.20	22517.30
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11572.20	22517.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11572.20	22517.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.00	25.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.00	25.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	7000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	12024.00	23948.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12539.00	30973.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12539.00	30973.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	11572.20	22517.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11572.20	22517.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	25.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.00	25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 5658 Tynecastle Loop	<b>Transaction ID:</b> SA11AI.13049
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$30
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 5658 Tynecastle Loop	<b>Transaction ID:</b> SA11AI.13050
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$30
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5658 Tynecastle Loop	<b>Transaction ID:</b> SA11AI.13198
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$30
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael J. Agan</p> <p>Mailing Address 5658 Tynecastle Loop</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Motorists Mutual Ins. Co.      Occupation: VP Life Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 14 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.13199</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$30</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael J. Agan</p> <p>Mailing Address 5658 Tynecastle Loop</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Motorists Mutual Ins. Co.      Occupation: VP Life Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.13353</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$30</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael J. Agan</p> <p>Mailing Address 5658 Tynecastle Loop</p> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Motorists Mutual Ins. Co.      Occupation: VP Life Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.13441</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$30</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">90.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 5658 Tynecastle Loop	<b>Transaction ID:</b> SA11AI.13513
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$30
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Benseler	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2746 Sandhurst Dr.	<b>Transaction ID:</b> SA11AI.13200
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David R. Benseler	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 2746 Sandhurst Dr.	<b>Transaction ID:</b> SA11AI.13201
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt	
	Mailing Address 2746 Sandhurst Dr.		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13354
	Lewis Center	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP		PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt	
	Mailing Address 2746 Sandhurst Dr.		M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13442
	Lewis Center	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP		PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt	
	Mailing Address 2746 Sandhurst Dr.		M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13514
	Lewis Center	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP		PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		325.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 1390 Picardae Court	<b>Transaction ID:</b> SA11AI.13053
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$80
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 1390 Picardae Court	<b>Transaction ID:</b> SA11AI.13054
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$80
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1390 Picardae Court	<b>Transaction ID:</b> SA11AI.13202
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$80
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13203
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	<input type="text" value="80.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$80

<b>B.</b>	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13355
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="880.00"/>	<input type="text" value="80.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$80

<b>C.</b>	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13443
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="960.00"/>	<input type="text" value="80.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$80

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="240.00"/>
<b>TOTAL</b> 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 12 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2010
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13515
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1040.00	PAYROLL DEDUCTION BI-WEEKLY \$80

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers		Date of Receipt
	Mailing Address S86 W33540 Short Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Mukwonago	WI	53149-9306
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13352
Name of Employer Iowa Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 250.00	PAYROLL DEDUCTION \$125

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	Calamus	IA	52729
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13356
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Info Tech.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	PAYROLL DEDUCTION BI-WEEKLY \$20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 225.00
<b>TOTAL</b> 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 13 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2010
	City	State	Zip Code
	Calamus	IA	52729
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13422
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Info Tech.	PAYROLL DEDUCTION BI-WEEK- LY \$20
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 240.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2010
	City	State	Zip Code
	Calamus	IA	52729
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13497
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Info Tech.	PAYROLL DEDUCTION BI-WEEK- LY \$20
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 260.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13213
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer Motorists Mutual Ins. Co.		Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 225.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> 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 14 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Vice President	Transaction ID: SA11AI.13214
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 25.00
		<input type="text"/> 250.00	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Vice President	Transaction ID: SA11AI.13362
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 25.00
		<input type="text"/> 275.00	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Vice President	Transaction ID: SA11AI.13448
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 25.00
		<input type="text"/> 300.00	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 15 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Galena	OH	43021
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13520
Name of Employer Motorists Mutual Ins. Co.		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="325.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13215
Name of Employer Motorists Mutual Ins. Company		Occupation VP Tax Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="225.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13216
Name of Employer Motorists Mutual Ins. Company		Occupation VP Tax Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="250.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 16 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.13363
Name of Employer Motorists Mutual Ins. Company		Occupation VP Tax Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="275.00"/>	PAYROLL DEDUCTION BI-WEEKLY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.13449
Name of Employer Motorists Mutual Ins. Company		Occupation VP Tax Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="300.00"/>	PAYROLL DEDUCTION BI-WEEKLY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.13521
Name of Employer Motorists Mutual Ins. Company		Occupation VP Tax Division	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="325.00"/>	PAYROLL DEDUCTION BI-WEEKLY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Iowa Mutual Insurance Company		Occupation Sr. V. P. Marketing/Claims	Transaction ID: SA11AI.13165
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 225.00	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Iowa Mutual Insurance Company		Occupation Sr. V. P. Marketing/Claims	Transaction ID: SA11AI.13166
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Iowa Mutual Insurance Company		Occupation Sr. V. P. Marketing/Claims	Transaction ID: SA11AI.13364
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 275.00	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 18 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
**Eldridge IA 52748**

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

Name of Employer Iowa Mutual Insurance Company  
Occupation Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 11 / 2010**  
**Transaction ID: SA11AI.13424**

Amount of Each Receipt this Period **25.00**

**PAYROLL DEDUCTION BI-WEEKLY \$25**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code  
**Eldridge IA 52748**

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

Name of Employer Iowa Mutual Insurance Company  
Occupation Sr. V. P. Marketing/Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 25 / 2010**  
**Transaction ID: SA11AI.13499**

Amount of Each Receipt this Period **25.00**

**PAYROLL DEDUCTION BI-WEEKLY \$25**

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

Mailing Address 5922 Coventry Lake Drive

City State Zip Code  
**Hilliard OH 43026**

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

Name of Employer Motorists Mutual Ins. Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2010**  
**Transaction ID: SA11AI.13223**

Amount of Each Receipt this Period **25.00**

**PAYROLL DEDUCTION BI-WEEKLY \$25**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Transaction ID: SA11AI.13224
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	
		Amount of Each Receipt this Period	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Transaction ID: SA11AI.13368
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 275.00	
		Amount of Each Receipt this Period	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Transaction ID: SA11AI.13453
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	
		Amount of Each Receipt this Period	<input type="text"/> 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 20 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 25 / 2010

Transaction ID: SA11AI.13525

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt 04 / 02 / 2010

Transaction ID: SA11AI.13041

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.80

Date of Receipt 04 / 16 / 2010

Transaction ID: SA11AI.13042

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68  
(check only one)

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

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

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.40

Date of Receipt 04 / 30 / 2010

**Transaction ID: SA11AI.13189**

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt 05 / 14 / 2010

**Transaction ID: SA11AI.13190**

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 633.60

Date of Receipt 05 / 28 / 2010

**Transaction ID: SA11AI.13377**

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 7542 East Rush Ridge Road	<b>Transaction ID:</b> SA11AI.13437
	City State Zip Code Bloomington IN 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$57.60</b>
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 691.20

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 7542 East Rush Ridge Road	<b>Transaction ID:</b> SA11AI.13509
	City State Zip Code Bloomington IN 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$57.60</b>
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 748.80

<b>C.</b>	Full Name (Last, First, Middle Initial) Rolf H. Gesen	Date of Receipt MM / DD / YYYY 04 / 20 / 2010
	Mailing Address 63 Penacook Rd.	<b>Transaction ID:</b> SA11AI.13431
	City State Zip Code Contoocook NH 03229	Amount of Each Receipt this Period 162.50
	FEC ID number of contributing federal political committee. <b>C</b>	<b>Deposit \$162.50</b>
	Name of Employer Phenix Mutual Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>277.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 7494 Heffley Court	<b>Transaction ID:</b> SA11AI.13239
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$25</b>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 7494 Heffley Court	<b>Transaction ID:</b> SA11AI.13240
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$25</b>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 7494 Heffley Court	<b>Transaction ID:</b> SA11AI.13241
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$25</b>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 7494 Heffley Court	<b>Transaction ID:</b> SA11AI.13459
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$25</b>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 7494 Heffley Court	<b>Transaction ID:</b> SA11AI.13531
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$25</b>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Harbrecht	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 10 North High Street	<b>Transaction ID:</b> SA11AI.13388
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PERSONAL CHECK DONATION</b>
Name of Employer Paul Werth Associates	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1409 Snowmass Road	<b>Transaction ID:</b> SA11AI.13248
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BIWEEKLY \$25</b>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 1409 Snowmass Road	<b>Transaction ID:</b> SA11AI.13249
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BIWEEKLY \$25</b>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 1409 Snowmass Road	<b>Transaction ID:</b> SA11AI.13250
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BIWEEKLY \$25</b>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
	Mailing Address 1409 Snowmass Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13463
Name of Employer Motorists Mutual Ins. Company		Occupation VP Life Financial Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 25.00
		<input type="text"/> 300.00	PAYROLL DEDUCTION BIWEEKLY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
	Mailing Address 1409 Snowmass Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13535
Name of Employer Motorists Mutual Ins. Company		Occupation VP Life Financial Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 25.00
		<input type="text"/> 325.00	PAYROLL DEDUCTION BIWEEKLY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sheboygan	WI	53083
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13176
Name of Employer Wilson Mutual Ins. Co.		Occupation Sr. V.P. Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 25.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION BI-WEEKLY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 27 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** SA11AI.13177

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** SA11AI.13374

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

**Transaction ID:** SA11AI.13432

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5729 Superior Avenue

City State Zip Code  
Sheboygan WI 53083

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2010

**Transaction ID:** SA11AI.13504

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

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

Name of Employer Occupation  
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2010

**Transaction ID:** SA11AI.13101

Amount of Each Receipt this Period  
30.00

PAYROLL DEDUCTION BIWEEKLY \$30

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

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

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

Name of Employer Occupation  
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2010

**Transaction ID:** SA11AI.13102

Amount of Each Receipt this Period  
30.00

PAYROLL DEDUCTION BIWEEKLY \$30

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**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 29 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13257
Name of Employer Motorists Mutual Insurance Company		Occupation Sr. Vice President, CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 270.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BIWEEKLY \$30

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13258
Name of Employer Motorists Mutual Insurance Company		Occupation Sr. Vice President, CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BIWEEKLY \$30

<b>C.</b>	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13259
Name of Employer Motorists Mutual Insurance Company		Occupation Sr. Vice President, CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BIWEEKLY \$30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> 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 30 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 7925 Greenside Lane	<b>Transaction ID:</b> SA11AI.13466
	City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BIWEEKLY \$30
	Name of Employer: Motorists Mutual Insurance Company Occupation: Sr. Vice President, CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 7925 Greenside Lane	<b>Transaction ID:</b> SA11AI.13538
	City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BIWEEKLY \$30
	Name of Employer: Motorists Mutual Insurance Company Occupation: Sr. Vice President, CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John C. Kessler	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 3910 Caswell Road	<b>Transaction ID:</b> SA11AI.13262
	City State Zip Code Johnstown OH 43031	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI WEEK- LY \$20
	Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Johnstown	OH	43031
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13467
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="20.00"/>
PAYROLL DEDUCTION BI WEEKLY \$20			

<b>B.</b>	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Johnstown	OH	43031
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13539
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
PAYROLL DEDUCTION BI WEEKLY \$20			

<b>C.</b>	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13263
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="25.00"/>
PAYROLL DEDUCTION BIWEEKLY \$25			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="65.00"/>
<b>TOTAL</b> 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 32 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13264
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION BIWEEKLY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13265
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION BIWEEKLY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13468
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION BIWEEKLY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 33 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13540
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="25.00"/>
			PAYROLL DEDUCTION BIWEEKLY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13375
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$20

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13433
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="20.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="65.00"/>
<b>TOTAL</b> 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 34 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13505
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 20.00
			PAYROLL DEDUCTION BI-WEEKLY \$20

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13172
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION BI-WEEKLY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13372
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 235.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION BI-WEEKLY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 70.00
<b>TOTAL</b> 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 35 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2010
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13427
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 260.00	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2010
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13502
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 285.00	PAYROLL DEDUCTION BI-WEEK- LY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David W. Lemon		Date of Receipt
	Mailing Address 345 Southshore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Greenback	TN	37742
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.13188
Name of Employer American Hardware Mutual Ins.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 250.00	PAYROLL DEDUCTION BI-WEEK- LY \$125

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 175.00
<b>TOTAL</b> 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 36 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.13341

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$25

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.13342

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$25

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code  
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.13343

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$25

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

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 7705 Ridgeview Way	<b>Transaction ID:</b> SA11AI.13493
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEKLY \$25</b>
Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 7705 Ridgeview Way	<b>Transaction ID:</b> SA11AI.13565
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEKLY \$25</b>
Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 2135 Hunters Ridge Court	<b>Transaction ID:</b> SA11AI.13043
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEKLY \$45</b>
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
**Manitowoc WI 54220**

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 16 / 2010**

**Transaction ID: SA11AI.13044**

Amount of Each Receipt this Period **45.00**

**PAYROLL DEDUCTION BI-WEEKLY \$45**

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
**Manitowoc WI 54220**

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt **04 / 30 / 2010**

**Transaction ID: SA11AI.13191**

Amount of Each Receipt this Period **45.00**

**PAYROLL DEDUCTION BI-WEEKLY \$45**

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
**Manitowoc WI 54220**

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 14 / 2010**

**Transaction ID: SA11AI.13192**

Amount of Each Receipt this Period **45.00**

**PAYROLL DEDUCTION BI-WEEKLY \$45**

**SUBTOTAL** of Receipts This Page (optional) ..... **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manitowoc	WI	54220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13378
Name of Employer Motorists Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.00
		<input type="text"/> 495.00	PAYROLL DEDUCTION BI-WEEK- LY \$45

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manitowoc	WI	54220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13438
Name of Employer Motorists Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.00
		<input type="text"/> 540.00	PAYROLL DEDUCTION BI-WEEK- LY \$45

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manitowoc	WI	54220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13510
Name of Employer Motorists Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.00
		<input type="text"/> 585.00	PAYROLL DEDUCTION BI-WEEK- LY \$45

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 135.00
<b>TOTAL</b> 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 40 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13045
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13046
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13193
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13194
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
	Name of Employer retired from MIG Occupation MIG Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13379
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
	Name of Employer retired from MIG Occupation MIG Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 4612 Club Dr., Unit 201	<b>Transaction ID:</b> SA11AI.13439
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION BI-WEEKLY \$50
	Name of Employer retired from MIG Occupation MIG Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 68

(check only one)

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

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

**A.**

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

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

Name of Employer Occupation  
retired from MIG MIG Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 25 / 2010

Transaction ID: SA11AI.13511

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION BI-WEEKLY \$50

**B.**

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

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 Vice President

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

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2010

Transaction ID: SA11AI.13299

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI WEEKLY \$25

**C.**

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

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 Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 14 / 2010

Transaction ID: SA11AI.13300

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI WEEKLY \$25

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

100.00

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue		M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13301
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President		PAYROLL DEDUCTION BI WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue		M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13480
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President		PAYROLL DEDUCTION BI WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt	
	Mailing Address 1026 Loch Ness Avenue		M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13552
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President		PAYROLL DEDUCTION BI WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		325.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.13303
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.13304
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 1252 Pond Hollow Lane	<b>Transaction ID:</b> SA11AI.13305
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

**Transaction ID:** SA11AI.13481

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$15

**B.**

Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.13553

Amount of Each Receipt this Period  
25.00

PAYROLL DEDUCTION BI-WEEKLY \$15

**C.**

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

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co.  
Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2010

**Transaction ID:** SA11AI.13047

Amount of Each Receipt this Period  
55.00

PAYROLL DEDUCTION BI-WEEKLY \$55

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 68

(check only one)

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

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

**A.**

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

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.13048

Amount of Each Receipt this Period

55.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$55

**B.**

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

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.13195

Amount of Each Receipt this Period

55.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$55

**C.**

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

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.13196

Amount of Each Receipt this Period

55.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$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 47 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.13309
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEK- LY \$55</b>
	Name of Employer Motorists Mutual Ins. Co.      Occupation Director Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.13440
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEK- LY \$55</b>
	Name of Employer Motorists Mutual Ins. Co.      Occupation Director Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      660.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.13512
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI-WEEK- LY \$55</b>
	Name of Employer Motorists Mutual Ins. Co.      Occupation Director Receipt For:      Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      715.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton  
 Mailing Address 6900 Kindler Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11AI.13313  
 Amount of Each Receipt this Period 25.00  
 PAYROLL DEDUCTION BI WEEK-  
 LY \$25

**B.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton  
 Mailing Address 6900 Kindler Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 1 0  
**Transaction ID:** SA11AI.13314  
 Amount of Each Receipt this Period 25.00  
 PAYROLL DEDUCTION BI WEEK-  
 LY \$25

**C.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton  
 Mailing Address 6900 Kindler Drive  
 City State Zip Code  
 New Albany OH 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company  
 Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 5 / 2 8 / 2 0 1 0  
**Transaction ID:** SA11AI.13315  
 Amount of Each Receipt this Period 25.00  
 PAYROLL DEDUCTION BI WEEK-  
 LY \$25

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 68  
(check only one)

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

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

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

**A.**

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

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 11 / 2010  
Transaction ID: SA11AI.13484  
Amount of Each Receipt this Period: 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

**B.**

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

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11AI.13556  
Amount of Each Receipt this Period: 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

**C.**

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

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

Name of Employer: Motorists Mutual Insurance Company  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11AI.13316  
Amount of Each Receipt this Period: 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 68

(check only one)

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

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

**A.**

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

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

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.13317

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$25

**B.**

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

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

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13318

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$25

**C.**

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
Glenford OH 43739

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

Name of Employer Occupation  
Motorists Mutual Insurance Vice President  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13485

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI WEEK-  
LY \$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 51 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Glenford	OH	43739
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13557
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 325.00	PAYROLL DEDUCTION BI WEEK- LY \$25

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13322
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION BI WEEK- LY \$25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13323
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 250.00	PAYROLL DEDUCTION BI WEEK- LY \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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 52 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 28 / 2010  
Transaction ID: SA11AI.13324  
Amount of Each Receipt this Period 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2010  
Transaction ID: SA11AI.13487  
Amount of Each Receipt this Period 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 25 / 2010  
Transaction ID: SA11AI.13559  
Amount of Each Receipt this Period 25.00  
PAYROLL DEDUCTION BI WEEKLY \$25

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 1300 Scenic Hill Ln.	<b>Transaction ID:</b> SA11AI.13197
	City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION \$125
	Name of Employer Motorists Mutual Ins Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 7105 Lakebrook Blvd.	<b>Transaction ID:</b> SA11AI.13330
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI WEEKLY \$20
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 7105 Lakebrook Blvd.	<b>Transaction ID:</b> SA11AI.13489
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI WEEKLY \$20
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 25 / 2010

Transaction ID: SA11AI.13561

Amount of Each Receipt this Period 20.00

PAYROLL DEDUCTION BI WEEK-  
LY \$20

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

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 02 / 2010

Transaction ID: SA11AI.13039

Amount of Each Receipt this Period 40.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$40

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

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 16 / 2010

Transaction ID: SA11AI.13040

Amount of Each Receipt this Period 40.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$40

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 100.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 68  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.13184

Amount of Each Receipt this Period  
40.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$40

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

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.13186

Amount of Each Receipt this Period  
40.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$40

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

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.13331

Amount of Each Receipt this Period  
40.00

PAYROLL DEDUCTION BI-WEEK-  
LY \$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: (check only one)	PAGE 56 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. Western	Date of Receipt
	Mailing Address 5203 South 8th Street	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2010
	City State Zip Code Sheboygan WI 53081	<b>Transaction ID:</b> SA11AI.13436
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
	Name of Employer Occupation Wilson Mutual Ins. Company President	PAYROLL DEDUCTION BI-WEEK- LY \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. Western	Date of Receipt
	Mailing Address 5203 South 8th Street	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City State Zip Code Sheboygan WI 53081	<b>Transaction ID:</b> SA11AI.13508
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
	Name of Employer Occupation Wilson Mutual Ins. Company President	PAYROLL DEDUCTION BI-WEEK- LY \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt
	Mailing Address 5519 Medallion Drive W.	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 02 / 2010
	City State Zip Code Westerville OH 43082	<b>Transaction ID:</b> SA11AI.13148
	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
	Name of Employer Occupation Motorists Mutual Insurance Company Senior Vice President	PAYROLL DEDUCTION BI WEEK- LY \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 57 / 68</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 5519 Medallion Drive W.	<b>Transaction ID:</b> SA11AI.13149
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$30</b>
	Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5519 Medallion Drive W.	<b>Transaction ID:</b> SA11AI.13332
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$30</b>
	Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 5519 Medallion Drive W.	<b>Transaction ID:</b> SA11AI.13333
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$30</b>
	Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt	
	Mailing Address 5519 Medallion Drive W.		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13334
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President		PAYROLL DEDUCTION BI WEEK- LY \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		330.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt	
	Mailing Address 5519 Medallion Drive W.		M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13490
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President		PAYROLL DEDUCTION BI WEEK- LY \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		360.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt	
	Mailing Address 5519 Medallion Drive W.		M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13562
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President		PAYROLL DEDUCTION BI WEEK- LY \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		390.00		

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13152
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEKLY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13153
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEKLY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13338
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEKLY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13339
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13340
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.13492
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION BI WEEK- LY \$35</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 61 / 68	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt	
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 06 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.13564
	Powell	OH	43065	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		35.00	
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00		
				<b>PAYROLL DEDUCTION BI WEEKLY \$35</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	6170.70

**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)

PAGE 62 / 68

<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

A.

Full Name (Last, First, Middle Initial)

Gibbs for Congress

Mailing Address 211 South Fifth Ave

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.13415

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

500.00

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

500.00

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Batchelder for Representative Committee

Mailing Address 105 West Liberty Street

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 69

**Transaction ID:** SB29.13601  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Buehrer

Mailing Address 319 East Elm Street

City Wauseon State OH Zip Code 43567

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

**Transaction ID:** SB29.13591  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Citizens for Grossman

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB29.13609  
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)

PAGE 64 / 68

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13595 <b>Date of Disbursement</b> 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address 106 N. Main St.</p> <p>City New Lexington State OH Zip Code 43764</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 91</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13585 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney</p> <p>Mailing Address 357 East Torrence Road</p> <p>City Columbus State OH Zip Code 43214</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13610 <b>Date of Disbursement</b> 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

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

1250.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 68

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

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

A.	Full Name (Last, First, Middle Initial) Coleman for Columbus	Transaction ID: SB29.13599 Date of Disbursement
	Mailing Address P O Box 1596	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Committee to elect Snitchler	Transaction ID: SB29.13577 Date of Disbursement
	Mailing Address 10689 Cleveland Ave., NW	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Uniontown State OH Zip Code 44685	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: SB29.13587 Date of Disbursement
	Mailing Address 23240 Chagrin Blvd. # 450	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Beachwood State OH Zip Code 44122	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Kris Jordan  Mailing Address 161 Stonebend Drive  City Powell State OH Zip Code 43065  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13570 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 250.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Lou Gentile  Mailing Address 500 Louray Dr.  City Wintersville State OH Zip Code 43953  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13603 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 250.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Husted for Ohio  Mailing Address 148 Sherbrooke Drive  City Kettering State OH Zip Code 45429  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13589 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period 500.00  011 Category/ Type

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kasich for Ohio</p> <p>Mailing Address 14 E. Gay Street 2nd Floor</p> <p>City Columbus State OH Zip Code 43209</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13581 <b>Date of Disbursement</b> 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LIFEPAC</p> <p>Mailing Address 100 South Third Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution Candidate Name LIFEPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13583 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) O'Connor for Chief Justice</p> <p>Mailing Address 260 N Cassady Ave</p> <p>City Columbus State OH Zip Code 43209</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.13575 <b>Date of Disbursement</b> 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2087.00</p> <p>011 Category/ Type</p>

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

3837.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)

Re-elect Justice Lanzinger Committee

Mailing Address 260 N Cassady Ave

City State Zip Code  
Columbus OH 43209

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.13573

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

2087.00

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

2087.00

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

11924.00