Image# 201810239130805330				PAGE 1 / 19
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office U	Jse Only
1. NAME OF TY COMMITTEE (in full)		cample: If typing, type ver the lines.	12FE4M5	
ADDRESS (number and street)	171 E BROAD ST			
Check if different				
than previously reported. (ACC)			OH 4321	5
2. FEC IDENTIFICATION NUMB		\$	STATE 🔺	ZIP CODE
C C00336834	3. IS THIS REPOR		AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	(b) Monthly Report Due On: (c) 12-Day RE-Election Report for the:	3) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)	Year Only)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	in the State of OH Special (30S)
(TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y Y 01 2018	through 10	1720	018
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my kr Moore, Marchelle, , ,	owledge and belief it is tru	ie, correct and comple	ete.
Signature of Treasurer	larchelle, , ,	[Electronically Filed]	Date 10 / 2:	3 / Y Y Y Y Y 2018
NOTE: Submission of false, erroneous	s, or incomplete information may	subject the person signing th	nis Report to the penal	ties of 52 U.S.C. § 30109
Office Use Only				C FORM 3X Rev. 05/2016

10/23/2018 14 : 54

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 10	M / D D / Y Y Y Y 01 / 2018 To:	10 / D D / Y Y Y Y 10 17 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		48201.36
	(b) Cash on Hand at Beginning of Reporting Period	39250.65	
	(c) Total Receipts (from Line 19)	1120.00	17610.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	40370.65	65811.36
7.	Total Disbursements (from Line 31)	0.00	25440.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40370.65	40370.65
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:	/ 01 / Y Y Y Y 2018 To:	10 / Y Y Y Y 10 17 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1020.00	7860.00
(ii) Unitomized	100.00	9750.00
(ii) Unitemized (iii) TOTAL (add	100.00	
Lines 11(a)(i) and (ii)	1120.00	17610.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	1120.00	17610.00
12. Transfers From Affiliated/Other	47. 47. 47.	
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.)	0.00	0.00
(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	0.00	0.00
(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
	-7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1120.00	17610.00
20 Total Ecdoral Respirits		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1120.00	17610.00
	4	

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4	
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	2740.71	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	2740.71	
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00		
		0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(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	
Other Disbursements (Including			
Non-Federal Donations)	0.00	22700.00	
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(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	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	25440.71	
Total Federal Disbursements	0.00	20440.71	
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	0.00	25440.71	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

					1120.00
	7			-7	
					0.00
1	-	1		-7	0.00
					1120.00
 1	7	1	1	-7	1120.00
					0.00
	7			-7	0.00
					0.00
	7			-7	0.00
					0.00
	-7-	-		-7-	

				47040.00
	 -7-		-7-	17610.00
	 -	 	-	0.00
				47040.00
	 -	 	7	17610.00
				0740 74
	 7	 	7	2740.71
	 -7-	 	_	0.00
				2740.71
- 1 - A	 	 		

COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)		
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n			person for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNI)		
A.	Full Name of Individual (Last, First, Middle Initia Agan, Michael, J., ,	l) or Full Oi	organization Name	Date of Receipt		
	Mailing Address 5658 Tynecastle Loop			10 / Y Y Y Y Y 2018		
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28330 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		40.00		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item		
	Motorists Life Insurance Compa	Pres	sident MLIC	Payroll Deduction		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		800.00			
в.	Full Name of Individual (Last, First, Middle Initia Ashcraft, David, , ,	l) or Full Oi	organization Name	Date of Receipt		
	Mailing Address 1323 Ada Lane		10 05 2018			
	City	State	Zip Code	Transaction ID : SA11AI.28308		
	Naperville	IL	60540	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer (for Individual) Motorists Insurance	Occu VP	upation (for Individual)	Memo Item Payroll Deduction		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General Other (specify) ▼		, 250.00			
C.	Full Name of Individual (Last, First, Middle Initia Benintendi, Jeff, , ,	l) or Full Oi	Prganization Name	Date of Receipt		
	Mailing Address 5658 Tynecastle Loop			10 / Y Y Y Y 2018		
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28317		
		1		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Motorists Insurance		Occu EVP	upation (for Individual)	Payroll Deduction		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		550.00			
	Other (specify)		550.00			
s	UBTOTAL of Receipts This Page (optional)			▶ 115.00		
т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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7 OF

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ITEIWILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUN	D			
Full Name of Individual (Last, First, Middl A. Bills, Alissa, , ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5300 Snider Loop			10 05 2018			
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28294 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
Full Name of Individual (Last, First, Middl Bright, Jon, A., Mr.,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 4915 Norfolk Place	State	Zip Code	10 / D / Y Y Y Y 2018			
Bettendorf	IA	52722	Transaction ID : SA11AI.28310 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occi Sr. V	upation (for Individual) V.P.	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
Full Name of Individual (Last, First, Middl C. Brock, Thomas, J., ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 60 E. Spring St. #326			10 / D D / Y Y Y Y Y 2018			
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28342 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Mutual Ins Co	Occu Asst	upation (for Individual) . VP	Payroll Deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optiona	l)		45.00			
TOTAL This Period (last page this line num	ber only)		· · · · · · · · · · · ·			

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	RANCE CO	OMPANY CIVIC FUND)			
Full Name of Individual (Last, First, Middle A. Campbell, Grady, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y 10 05 2018			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28312 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1			
Full Name of Individual (Last, First, Middle B. Craig, Camille, , Mrs.,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 4282 Hunts Drive	01-1-1	The October	10 / D D / Y Y Y Y 10 05 2018			
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28300 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]			
Full Name of Individual (Last, First, Middle C. Eppley, Jason, M, Mr. ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 7918 Brianna Drive			10 / D D / Y Y Y Y 2018			
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28314 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 9, Commercial Production & Servi	Arrow Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]			
SUBTOTAL of Receipts This Page (optional).			55.00			
TOTAL This Period (last page this line number	er only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 9 OF

		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (IN Full)	URANCE CC	MPANY CIVIC FUNI	כ		
Full Name of Individual (Last, First, Midd A. Fallen, Hope, , ,	le Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 2642 Blue Lick Rd.			M M / D D / Y Y Y Y 10 05 2018		
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28313 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occu AVP	upation (for Individual)	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Midd B. Fee, Jeffrey, S, , Mailing Address 537 Courtright Court	le Initial) or Full O	rganization Name	Date of Receipt		
City	State	Zip Code	10 05 2018 Transaction ID : SA11AI.28315		
Pickerington FEC ID number of contributing federal political committee.	ОН	43147	Amount of Each Receipt this Period		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) t Vice President Commercial Lir	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]		
Full Name of Individual (Last, First, Midd C. Feldner, Cynthia, , ,	le Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5367 Stotlz Ave			10 / D / Y Y Y Y Y 2018		
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28304 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		15.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Accounting	Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional	al)		55.00		
TOTAL This Period (last page this line nur	nber only)		▶ <u>• • • • • • • • • • • • • • • • • • •</u>		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	× 11a	_	11c 15	12	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for t	he pu		soliciting	g contribu	tions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUND									
Α.	Full Name of Individual (Last, First, Middle Initial Fullenkamp, Joseph, P, ,) or Full Or	ganization Name	Date	of R	eceipt						
	Mailing Address 3123 Summit Street			M M / D D / Y Y Y Y 10 05 2018								
City State Columbus OH			Zip Code 43202			tion ID : Each R		28319 nis Period				
	FEC ID number of contributing federal political committee.	С				ар. I		15.	00			
	Name of Employer (for Individual)		pation (for Individual)			o Item						
	Motorists Mutual Insurance Co.	Asst	VP	Payro	ll Ded	uction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
	Full Name of Individual (Last, First, Middle Initial Gilmore, Amy, , ,) or Full Or	ganization Name	Dete	of D	aggint						
р.	Mailing Address 3500 Leap Rd.			Date of Receipt								
	City	State	Transaction ID : SA11AI.28295									
	Hilliard	OH	43026	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00 Memo Item Payroll Deduction								
	Name of Employer (for Individual) Motorists Insurance Group	Occu VP	ipation (for Individual)									
		Aggregate `	Year-to-Date ▼									
	Other (specify) ▼		, 275.00									
C.	Full Name of Individual (Last, First, Middle Initial Graham, Elizabeth, , ,) or Full Or	ganization Name	Date	e of R	eceipt						
	Mailing Address 3128 Ellis Place			M 1	0 0	05	/ Y	2018 [°]	Y			
	City St Columbus C		Zip Code 43204			tion ID :						
		ОН	43204	Amo	unt of	Each R	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С		ΙĻ		,		15.	00			
	Name of Employer (for Individual) Motorists Mutual Ins. Company		pation (for Individual) Personal Lines Underwriting	Memo Item Payroll Deduction								
	Poppint For:		Year-to-Date ▼									
Primary General Other (specify)			300.00									
s	UBTOTAL of Receipts This Page (optional)							55.	00			
Т	OTAL This Period (last page this line number on	ly)	····· •	Ē		-						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 11 OF

Detailed Summary Page It is1ib1ic1		(check only one)	(check	Use separate schedule(s)	-	ITEMIZED RECEIPTS			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit contributions from such committee to solicit contributions from such committee. Name of Employer (for individual) Occupation (for individual) Occupation (for individual) Receipt For: Aggregate Year-to-Date ▼ Date of Receipt B. Hall, Marce S., . , Mailing Address 5925 Wagonwood Drive Aggregate Year-to-Date ▼ Date of Receipt City City State Zip Code City City City City City City City City Ci	12 16 17			for each category of the Detailed Summary Page					
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Guanciale, Dino, , , Mailing Address 4819 St. Andrews Circle City Westerville PEC ID number of contributing tederal political committee. Name of Employer (for Individual) Motorists Mutual Ins Co. Aggregate Year-to-Date ▼ Part of the full of the fu	contributions	son for the purpose of soliciting contrib	person for t	y not be sold or used by any p ddress of any political committee	s and Statements ma sing the name and a	Any information copied from such Reports or for commercial purposes, other than us			
A. Guanciale, Dino, , , , Malling Address 4819 St. Andrews Circle Date of Receipt			C	MPANY CIVIC FUND	SURANCE CO				
City State Zip Code Westerville OH Zip Code Yesterville OH Zip Code FEC ID number of contributing federal political committee. C Amount of Each Receipt this Peri Name of Employer (for Individual) Motorists Mutual Ins Co. Asst. VP Payroll Deduction B. Hall, Marc S., , , Aggregate Year-to-Date ▼ Date of Receipt B. Hall, Marc S., , , Malling Address 5999 Lane Road Date of Receipt City Centerburg State Zip Code OH Zip Code Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist V. P. Date of Receipt Receipt For: Other (specify) ▼ State Zip Code OH Memo Item Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist V. P. Date of Receipt Receipt For: Other (specify) ▼ 300,00 Date of Receipt City General Otcupation Name Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Malling Address 9725 Wagonwood Drive C 10 05 2018 City Da		Date of Receipt	Date	ganization Name	ddle Initial) or Full Or				
Westerville OH 43082 Amount of Each Receipt this Peripher of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Agregate Year-to-Date ▼ Memo Item Primary General Off 43011 Occupation (for Individual) Date of Receipt B. Hall, Marc S., ., Malling Address 5999 Lane Road Off 43011 Transaction ID : SA11AL28327 City State Zip Code Transaction ID : SA11AL28327 Malling Address 5999 Lane Road Occupation (for Individual) Agregate Year-to-Date ▼ Memo Item Peceipt For: On umber of contributing federal political committee. C Memo Item Payroll Deduction Name of Employer (for Individual) Occupation (for Individual) Assist. V. P. Memo Item Payroll Deduction Receipt For: Primary General Off 2018 Transaction ID : SA11AL28327 Malling Address gr225 Wagonwood Drive Aggregate Year-to-Date ▼ Of 0 5 1 2018 Transaction ID : SA11AL28316 City State Zip Code Memo Item Payroll Deduction Transaction ID : SA11AL28316 Grity Malling Address gr225 Wagonwood Drive Gode Memo Item <t< td=""><td>2018</td><td></td><td></td><td></td><td>le</td><td>Mailing Address 4819 St. Andrews Circl</td></t<>	2018				le	Mailing Address 4819 St. Andrews Circl			
rederal political committee. Mame of Employer (for Individual) Motorists Mutual Ins Co. Receipt For:		Transaction ID : SA11AI.28309 Amount of Each Receipt this Perio							
Motorists Mutual ins Co. Asst. VP Payroll Deduction Receipt For:	15.00				С	8			
Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Hall, Marc S., , , Mailing Address 5999 Lane Road 10 ' 05 ' 2018 City State Zip Code Genterburg OH 43011 Transaction ID : SA11AL28327 Amount of contributing federal political committee. C Name of Employer (for Individual) (Last, First, Middle Initial) or Full Organization Name Memo Item Primary General Occupation (for Individual) Aggregate Year-to-Date ▼ 300.00 Payroll Deduction FEC ID number of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Primary General 300.00 Other (specify) ▼ State Zip Code Transaction ID : SA11AL28316 City Pickerington Other (specify) Date of Receipt Transaction ID : SA11AL28316 Mailing Address 9725 Wagonwood Drive O O General Memo Item Name of Employer (for Individual) Oscupation			Payro			Motorists Mutual Ins Co.			
B. Hall, Marc S., , , Date of Receipt Mailing Address 5999 Lane Road Image: State in the st					Aggregate	Primary General			
City State Zip Code Centerburg OH 43011 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Peri Marco ID : SA11AL28327 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P. Memo Item Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 300.00 Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Pickerington OH 43147 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Motorists Mutual Ins. Co. State Zip Code Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims Amount of Each Receipt this Peri 10 Memo Item Payroll Deduction Memo Item Payroll Deduction	Y Y Y		M	ganization Name	ddle Initial) or Full Or	B. Hall, Marc S., , ,			
FEC ID number of contributing federal political committee. C Image of Employer (for Individual) Assist. V. P. Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P. Payroll Deduction Receipt For: Primary General Other (specify) ▼ Other (specify) ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Image of Primary Date of Receipt City State Zip Code 10 05 2018 Prickerington State Zip Code Image of Individual Annount of Each Receipt this Peril FEC ID number of contributing federal political committee. C Other (specify) Memo Item Name of Employer (for Individual) Occupation (for Individual) Assist. V. P., Claims Aggregate Year-to-Date ▼ Memo Item Payroll Deduction Aggregate Year-to-Date ▼ Image of Payroll Deduction	3327	Transaction ID : SA11AI.28327	Tra						
Motorists Mutual Ins. Company Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Henderson, Thomas, J., , Mailing Address 9725 Wagonwood Drive Date of Receipt City State Zip Code Pickerington OH 43147 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date	15.00	1		43011		FEC ID number of contributing			
Primary General Other (specify) Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Henderson, Thomas, J., , Mailing Address 9725 Wagonwood Drive Date of Receipt City State Zip Code Mind 05 2018 Pickerington OH 43147 Amount of Each Receipt this Peri FEC ID number of contributing federal political committee. C Memo Item Payroll Deduction Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Payroll Deduction Memo Item Payroll Deduction 300.00 Payroll Deduction			Payro						
C. Henderson, Thomas, J., , Date of Receipt Mailing Address 9725 Wagonwood Drive Image: Constraint of					Aggregate	Primary General			
City State Zip Code Pickerington OH 43147 FEC ID number of contributing C federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00		Date of Receipt	Date	rganization Name	ddle Initial) or Full Or				
Pickerington OH 43147 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00	2018				-				
federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Assist. V. P., Claims Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00		Transaction ID : SA11AI.28316 Amount of Each Receipt this Perio							
Motorists Mutual Ins. Co. Assist. V. P., Claims Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Other (specify) 300.00	15.00	15			С	federal political committee. Image: Committee			
Primary General Other (specify) 300.00			Payro	st. V. P., Claims	Assis				
				300.00	Aggregate				
SUBTOTAL of Receipts This Page (optional)	45.00	45							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 1	1a 3	11b	11c	12	г	17			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the p	urpose	of soliciting	g contri	butio	ons			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND	1									
A.	Full Name of Individual (Last, First, Middle Init Hennen, Kirk, , ,	tial) or Full O	rganization Name	Dat	Date of Receipt								
	Mailing Address 2860 Wynridge Drive				10 / Y Y Y Y Y 10 05 2018								
	City Grove City	State OH	Zip Code 43123				: SA11AI Receipt th		od				
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:		upation (for Individual) 9, Sales - West Zone	Рау		mo Item eduction							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]									
B.	Full Name of Individual (Last, First, Middle Init Howat, James, Christopher, , Mailing Address 250 Daniel Burnham Sq Unit 5	- -	rganization Name	М	e of	Receipt	р / Ү 5	2018		1			
	City Columbus	State Zip Code OH 43215				ction ID	: SA11AI.	28302		_			
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP			Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]									
с.	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr.,	tial) or Full O	rganization Name	Dat	e of	Receipt							
	Mailing Address 6401 Rossmore Lane				10 / Y Y Y Y 10 05 / 2018								
	City Canal Winchester	State OH	Zip Code 43110				Receipt th		od				
	FEC ID number of contributing federal political committee.	С			_	y	9		15.00				
	Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For:	Assi	upation (for Individual) st. V. P.	Pay		mo Item eduction							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1									
	UBTOTAL of Receipts This Page (optional)					5	. ,	ş	35.00				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUNI	כ								
Full Name of Individual (Last, First, Middle A. Jones, Jessica, , Ms,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 120 E. Dominion Blvd			10 05 2018								
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28318 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) 9, Commercial Lines	Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
Full Name of Individual (Last, First, Middle B. Kaufman, David L., , , Mailing Address 7925 Greenside Lane	e Initial) or Full O	rganization Name	Date of Receipt								
City Worthington	State	Zip Code 43235	10 05 2018 Transaction ID : SA11AL28307 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1090.00]								
Full Name of Individual (Last, First, Middle C. Kessler, John C., , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			10 / Y Y Y Y 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28320 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00									
SUBTOTAL of Receipts This Page (optional)		▶ 135.00								
TOTAL This Period (last page this line num	ber only)										

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIWILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUN	D								
Full Name of Individual (Last, First, Midd A. King, Teresa M., , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1139 Tidewater Court			10 05 2018								
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28338 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
Full Name of Individual (Last, First, Midd B. Lawrence, Todd, , Mr.,	Date of Receipt										
Mailing Address 116 Clarke Lane			10 05 / Y Y Y Y 2018								
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.28341 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occi Sr. 1	upation (for Individual) V.P.	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name of Individual (Last, First, Midd C. Lisi, Michael, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6740 Callaway Court			10 / Y Y Y Y 2018								
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28331 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Aggreen and and and and and and and and and an		upation (for Individual) st. V. P.	Memo Item Payroll Deduction								
		Year-to-Date ▼ 300.00									
SUBTOTAL of Receipts This Page (option	al)		55.00								
TOTAL This Period (last page this line nur	mber only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND									
A.	Full Name of Individual (Last, First, Middle Initia Marshall, Brandon, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 74 Cassidy Dr.			10 05 2018								
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28299 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) Brickstreet Insurance	Occu VP	pation (for Individual)	Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00									
в.	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 5348 Westbrook Dr.	Ctoto	Zip Code	10 05 2018								
	Cross Lanes	State WV	25313	Transaction ID : SA11AI.28339 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00 Memo Item Payroll Deduction								
	Name of Employer (for Individual) Brick Street	Occu VP	upation (for Individual)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00									
C.	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 48 E. Frankfort St.			10 / D D / Y Y Y Y 10 05 2018								
	City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.28298 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) Motorists Insurance	Occu SVP	ipation (for Individual)	Payroll Deduction								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	105.00								
т	OTAL This Period (last page this line number or	ıly)	•									

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUNE)								
Full Name of Individual (Last, First, Middle A. Moore, Marchelle, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2717 Gatewood Rd.			10 05 2018								
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28326 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	Chie	upation (for Individual) of Legal Officer	Memo Item Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
Full Name of Individual (Last, First, Middle B. Obrokta, TJ , , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8810 Ventura Way	1		10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28340 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
Full Name of Individual (Last, First, Middle C. Peacock, Mark, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4460 Swenson Street			10 / Y Y Y Y 2018								
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28328 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]								
SUBTOTAL of Receipts This Page (optional)			90.00								
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Middle A. Puchala, Damian, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 325 Olenview Circle			M = M / D = D / Y = Y = Y = Y Y 10 05 2018 2							
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28305 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rudowicz, Randolph A., , ,									
Mailing Address 1026 Loch Ness Avenue			10 / Y Y Y Y 10 05 / 2018							
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28333 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500,00]							
Full Name of Individual (Last, First, Middle C. Slattery, Austin, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 734 Prairie Run Dr.			10 / Y Y Y Y 2018							
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28296 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins Co.	Assi	upation (for Individual) stant VP	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]							
SUBTOTAL of Receipts This Page (optional))		55.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS			each category of the ailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN)MP	ANY CIVIC FUND								
Α.	Full Name of Individual (Last, First, Middle Initial Smithers, Ralph W., , , Jr. Mailing Address 6418 Summers Nook Drive) or Full O	rganiza	ation Name	Date of Receipt							
	City New Albany	State OH		ip Code 43054								
	FEC ID number of contributing federal political committee.	С			15.00							
	Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼		MAX S		Memo Item Payroll Deduction							
в.	Full Name of Individual (Last, First, Middle Initial Stapleton, Charles D., , , Mailing Address 6900 Kindler Drive) or Full O	rganiza	ation Name	Date of Receipt							
	City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State OH C		ip Code 43054	Transaction ID : SA11AI.28301 Amount of Each Receipt this Period 25.00 Memo Item							
	Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Sr. V		& Affiliate Operations o-Date ▼ 500.00	Payroll Deduction							
C.	Full Name of Individual (Last, First, Middle Initial Walz, Chris, , , Mailing Address PO Box 832) or Full O	rganiza	ation Name	Date of Receipt							
	City Hurricane FEC ID number of contributing federal political committee.	State WV		ip Code 25526	Transaction ID : SA11AI.28303 Amount of Each Receipt this Period 20.00							
	Name of Employer (for Individual) Oc Brickstreet Insurance Av			n (for Individual) o-Date ▼	Payroll Deduction							
	Other (specify)			220.00								
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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CI	/IC FUND											
Α.	Full Name of Individual (Last, First, Middle Initia Wharton, Lisa, , Ms,	al) or Full Oi	rganization Name			Date of	f Re	ceipt							
	Mailing Address 616 Birghton St					10 05 2018 Transaction ID : SA11AI.28325 Amount of Each Receipt this Period									
	City Pickerington	State OH	Zip Code 43147												
	FEC ID number of contributing federal political committee.	C			15.00										
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individ , IT EPMO	ual)	F	Payroll D		ttem lten							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼												
R	Full Name of Individual (Last, First, Middle Initia Wilcox, Matt, , ,	al) or Full Oi	rganization Name			Date of	f Re	reint							
υ.	Mailing Address 250 Daniel Burnham Sq Unit 30	8			10 05 / Y Y Y Y 2018										
	City Columbus	State Zip Code OH 43215							SA11AI.						
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period									
	Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP			Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 600.00												
<u></u> с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			Date of	f Bo	ceint							
0.	Mailing Address						1 /) / Y	Y	Y Y				
	City	State	Zip Code		_	Amount	t of	Each P	Receipt th		riod	_			
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Name of Employer (for Individual)			pation (for Individ	ual)	Memo Item										
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s	UBTOTAL of Receipts This Page (optional)							, .	. ,		65.00)			
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