07/02/2008 13:11

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIV	138	For Oth	er Than An A	uthorized C	ommittee		Office Use Only	
1. NAME COMM	OF ITTEE (in full)		MAILING LABE OR PRINT	L Example over the	le:If typing, type e lines			
MOTO	RISTS MUTUAL I		COMPANY CIVIC	FUND				
ADDRESS(number and street)	471 E	BROAD ST					
tha	neck if different an previously ported. (ACC)	COLU	IMBUS			OH	43215	
2. FEC ID	ENTIFICATION N	IUMBER	—	CITY 🛕		STATE	ZIPCC	DDE 🛕
С	00336834		3.	IS THIS REPORT	X NEW (N) OI	_	AMENDED A)	
(Choos	OF REPORT e One) uarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-ele Year Only) (MY Termination Re (TER)	rt(Q1) (continued of the continued of th	Due On: 12-Day PRE-Election Report for the 30-Day Post -Electior Report for the	: Co	May 20 (M Jun 20 (M Jul 20 (M7 imary (12P) envention (12C)	(6) Se	in the	Special (30S)
5. Coverin	ng Period	04 0	1 2008		through 0 6	6 30	2008	
-	I have examined that It Name of Treasur		d to the best of my ael L. Wiseman	knowledge and	belief it is true, corre	ect and complete		
Signature of		ctronically File	-			Date 0.7		2008
	1	erroneous, or i	ncomplete informa	tion may subject	ct the person signing	this Report to th	1	-
	Office Use						FEC FOR	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND D D " D 0.4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7307.14 2008 January 1 (b) Cash on Hand at 6759.67 Begining of Reporting Period 10752.53 22918.56 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 17512.20 30225.70 6(a) and 6(c) for Column B) 8113.50 20827.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 9398.70 9398.70 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

0 1 3^D0 м м 0 4 м м 0 6 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9858.40 5958.20 (i) Itemized (use Schedule A) 4789.00 13050.00 (ii) Unitemized (iii) TOTAL (add 10747.20 22908.40 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 10747.20 22908.40 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 5.33 10.16 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 10752.53 22918.56 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 10752.53 22918.56

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 COLUMNIA

0.00 0.00 13.50 13.50 0.00 0.00 0.00 0.00 0.00	0.00 0.00 27.00 27.00 0.00 5000.00 0.00 0.00
0.00 13.50 13.50 0.00 0.00 0.00	0.00 27.00 27.00 0.00 5000.00 0.00
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0.00	0.00
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0.00	0.00
8100.00	15800.00
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0.00	0.00
0.00	0.00
0.00	0.00
8113.50	20827.00
8113.50	20827.00
	0.00 0.00 8100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	10747.20	22908.40
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10747.20	22908.40
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13.50	27.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	13.50	27.00

FE6AN026

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:		Zip Code 43016 rations	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate re	210.00	
Michael J. Agan Mailing Address 5658 Tynecastle Loop)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9084
Dublin FEC ID number of contributing federal political committee.	OH C	43016	Amount of Each Receipt this Period 30.00 Payroll deduction of \$30
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation VP Life Ope Aggregate Ye		per pay
Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
Mailing Address 5658 Tynecastle Loop)		05 02 2008
City	State	Zip Code	Transaction ID: SA11AI.9153
<u>Dublin</u>	OH	43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Ope		Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional).			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ado	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop	1		05 16 2008
	City	State OH	Zip Code	Transaction ID: SA11AI.9222
	Dublin FEC ID number of contributing federal political committee.	С	43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation		Payroll deduction of \$30 per pay
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	+ '	Operations Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt
				05 30 2008
	City Dublin	State OH	Zip Code	Transaction ID: SA11AI.9296
	FEC ID number of contributing federal political committee.	C	43016	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	
	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop	1		Date of Receipt
			7ia Cada	06 13 2008
	City <u>Dublin</u>	State OH	Zip Code 43016	Transaction ID: SA11AI.9363 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life C	n Operations	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 67 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (I.E. III)	Statements may he name and ad	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
Mailing Address 5658 Tynecastle Loc		7: 0 !	06 27 2008
City	State	Zip Code	Transaction ID: SA11AI.9435
Dublin	OH	43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio VP Life (n Operations	Payroll deduction of \$30 per pay
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		390.00	
Full Name (Last, First, Middle Initial) John J. Bishop	l		Date of Receipt
Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9012
Powell	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	Payroll deduction of \$80 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9085
Powell	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	Payroll deduction of \$80 per pay
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		640.00	
			190.00

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 9 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 720.00	Date of Receipt M M M O D O D O D O D O D O D O D O D O
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 800.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 880.00	Date of Receipt M M / D B / 2 0 0 8 Transaction ID: SA11AI.9297 Amount of Each Receipt this Period 80.00 Payroll deduction of \$80 per pay
SUBTOTAL of Receipts This Page (optional)		240.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 67 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	
MOTORISTS MUTUAL INSURAN	ICE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
Mailing Address 1390 Picardae Co		06 13 2008
City <u>Powe</u> ll	State Zip Code OH 43065	Transaction ID: SA11AI.9364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
Mailing Address 1390 Picardae Co	purt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9436
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	1040.00	
Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers		Date of Receipt
Mailing Address S86 W33540 Sho	rt Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9138
Mukwonago	WI 53149-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00 Payroll deduction of \$125
Name of Employer lowa Mutual Ins. Co.	Occupation Director	per quarter
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ontion	nal)	285.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street City Calamus FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52729 C Occupation V. P. Info Tech. Aggregate Year-to-Date 220.00	Date of Receipt M M / D 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street City Calamus FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52729 C Occupation V. P. Info Tech. Aggregate Year-to-Date 240.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street City Calamus FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52729 C Occupation V. P. Info Tech. Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 67 (check only one) X 11a
or for c	ormation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE (name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Mr. Mail City Ga FEC fede Nan Mot	lena C ID number of contributing eral political committee. The of Employer corists Mutual Ins. Co.	State OH C Occupation Vice Pres	sident	Date of Receipt M M
Full Mr. Mail City Ga FEC fede	Primary General Other (specify) Name (Last, First, Middle Initial) Grady Campbell Iling Address 5760 Whispering Trail Ilena C ID number of contributing eral political committee. The of Employer corists Mutual Ins. Co. Seipt For: Primary General	State OH C Occupation Vice Pres	sident Year-to-Date ▼	Date of Receipt 0 5 16 2 0 0 8 Transaction ID: SA11AI.9277 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Mr. Mail City Ga FEC fede Nan Mot	Other (specify) Name (Last, First, Middle Initial) Grady Campbell ling Address 5760 Whispering Trail Lena C ID number of contributing eral political committee. The of Employer corists Mutual Ins. Co. Seipt For: Primary General Other (specify) Other (specify)	State OH C Occupation Vice Pres		Date of Receipt M
SUBT	OTAL of Receipts This Page (optional)	ı		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Tr. City Galena FEC ID number of contributing	ail State OH	Zip Code 43021	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary Other (specify)	Occupation Vice Pres		Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Tr. City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State OH C Occupation Vice Pres		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation VP Tax D Aggregate		Date of Receipt M M D D 2 0 0 8 Transaction ID: SA11AI.9161 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any persible name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive		Date of Receipt 0 5 1 6 2 0 0 8
City Dublin	State Zip Code OH 43017	Transaction ID: SA11AI.9230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive		Date of Receipt 05 30 2008
City	State Zip Code	Transaction ID: SA11AI.9303
<u>Dublin</u> FEC ID number of contributing federal political committee.	OH 43017	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Tax Division Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
Primary General Other (specify) ▼	259.00	
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive		Date of Receipt
	State Zip Code	06 13 2008
City <u>Dublin</u>	OH 43017	Transaction ID: SA11AI.9370 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Tax Division Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
Primary General Other (specify) ▼	284.00	
SUBTOTAL of Receipts This Page (optional	1	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 67 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43017 C Occupation VP Tax Division Aggregate Year-to-Date 309.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street (City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Insurance Company Receipt For: Primary General Other (specify)	Ct. State Zip Code IA 52748 C Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date 225.00	Date of Receipt M M M O D O C C D O D O C D O D O D O D O D O
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street (City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Insurance Company Receipt For: Primary General Other (specify)	Ct. State Zip Code IA 52748 C Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 67 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street C City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Insurance Company	Ct. State Zip Code IA 52748 C Occupation Sr. V. P. Marketing/Claims	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street C	Dt.	Date of Receipt 0 6 1 3 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9350
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer lowa Mutual Insurance Com- pany Receipt For:	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼	per pay
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street C	Jt.	06 27 7 2008
City	State Zip Code	Transaction ID: SA11AI.9422
Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period 25.00
Name of Employer lowa Mutual Insurance Com- pany Receipt For:	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC FITEMIZED RECEIPTS Any information copied from such	Reports and Statements m.	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pers	FOR LINE NUMBER: PAGE 17 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11 son for the purpose of soliciting contributions
or for commercial purposes, othe NAME OF COMMITTEE (In F MOTORISTS MUTUAL II	r than using the name and a full)	ddress of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Daniel L. Crawford Mailing Address 2000 C			Date of Receipt
Mailing Address 6323 Coc	к ноаа		05 02 2008
City	State	Zip Code	Transaction ID: SA11AI.9164
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupati Vice Pre		Payroll deduction of \$25 per pay
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Daniel L. Crawford	Initial)		Date of Receipt
Mailing Address 6323 Coo	k Road		05 16 2008
City	State	Zip Code	Transaction ID: SA11AI.9233
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupati Vice Pre		Payroll deduction of \$25 per pay
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Daniel L. Crawford	Initial)		Date of Receipt
Mailing Address 6323 Coo	k Road		05 30 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9306 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			25.00
Name of Employer Motorists Mutual Insurance Company	Occupati Vice Pre		Payroll deduction of \$25 per pay
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Pa	age (optional)		75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any per using the name and address of any political committee	rson for the purpose of soliciting contributions
MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt
Mailing Address 6323 Cook Roa		06 13 2008
City <u>Powell</u>	State Zip Code OH 43065	Transaction ID: SA11AI.9373 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$25 per pay
Company Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Daniel L. Crawford	I	Date of Receipt
Mailing Address 6323 Cook Roa	d	06 27 2008
City	State Zip Code	Transaction ID: SA11AI.9445
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
Mailing Address 5922 Coventry	Lake Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9166
Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
CURTOTAL of Deceipts This Dece (or	tional)	75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 67 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	CE COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
Mailing Address 5922 Coventry Lake	e Drive		05 16 2008
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.9235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	25.00
Name of Employer Motorists Mutual Ins. Company	Occupatio Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake	e Drive		Date of Receipt
			05 30 2008
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.9308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
Mailing Address 5922 Coventry Lake	e Drive		0 6 1 3 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9375
Hilliard FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/67 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	<u> </u>		
Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
Mailing Address 5922 Coventry Lak	e Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.9447
FEC ID number of contributing federal political committee.	C	43020	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	l		Date of Receipt
Mailing Address 7542 East Rush Ri	dge Road		04 04 2008
City Bloomington	State IN	Zip Code 47401	Transaction ID: SA11AI.9008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77701	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	n	Payroll deduction of \$57 60 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 352.80	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
Mailing Address 7542 East Rush Ri	dge Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomington	State IN	Zip Code 47401	Transaction ID: SA11AI.9080
FEC ID number of contributing federal political committee.	C	47401	Amount of Each Receipt this Period 57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director		Payroll deduction of \$57 60 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.40	
SUBTOTAL of Receipts This Page (optional			140.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg City		Date of Receipt Date of Receipt D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bloomington FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period 57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 468.00	Payroll deduction of \$57 60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg	e Road	Date of Receipt 0 5 1 6 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9219
Bloomington FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period 57.60 Payroll deduction of \$57
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 525.60	60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
Mailing Address 7542 East Rush Ridg	e Road	05 7 30 7 2008
City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.9293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director Aggregate Year-to-Date ▼	Payroll deduction of \$57 60 per pay
Primary General Other (specify) ▼	583.20	
SUBTOTAL of Receipts This Page (optional)		172.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each of	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any p	political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	e Road State Zip Cod IN 47401 C Occupation Director Aggregate Year-to-Date	, , ,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	e Road State Zip Cod IN 47401 C Occupation Director Aggregate Year-to-Date	, , ,	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street City DeWitt FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Cod IA 52742 C Occupation President Aggregate Year-to-Date	, , ,	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		······	140.20

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Mrs. Susan E. Haack Mailing Address 1025 8th Street	et	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DeWitt FEC ID number of contributing federal political committee.	State Zip Code IA 52742	Transaction ID: SA11AI.9210 Amount of Each Receipt this Period 25.00
Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 250.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial Mrs. Susan E. Haack Mailing Address 1025 8th Stree	et	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DeWitt FEC ID number of contributing federal political committee.	State Zip Code IA 52742	Amount of Each Receipt this Period 25.00 Payroll deduction of \$25
Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date 275.00	per pay
Full Name (Last, First, Middle Initial Mrs. Susan E. Haack Mailing Address 1025 8th Street	,	Date of Receipt 0 6 1 3 2 0 0 8
City DeWitt EEC ID number of contributing	State Zip Code IA 52742	Transaction ID: SA11AI.9351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (c	ptional)	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
Mailing Address 1025 8th Street		0 6 27 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9423
DeWitt	IA 52742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer lowa Mutual Ins. Co.	Occupation President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
Mailing Address 1409 Snowmass Ro	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9173
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life Financial Operations	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00]
Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
Mailing Address 1409 Snowmass Ro	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9244
<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life Financial Operations	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)	·	75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 67 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Ro		Date of Receipt 0 5 3 0 2 0 0 8
City Columbus FEC ID number of contributing	State Zip Code OH 43235	Transaction ID: SA11AI.9315 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation VP Life Financial Operations Aggregate Year-to-Date ▼ 255.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Ro	ad	Date of Receipt
City	State Zip Code	0 6 1 3 2 0 0 8 Transaction ID: SA11AI.9383
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Life Financial Operations Aggregate Year-to-Date	per pay
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
Mailing Address 1409 Snowmass Ro	ad	06 27 7 2008
Calumbus	State Zip Code OH 43235	Transaction ID: SA11AI.9455
Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Life Financial Operations Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	
SUBTOTAL of Receipts This Page (optional))	75.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	COR LINE NUMBER: PAGE 26 / 67 Check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any politi	sed by any person fo cal committee to sol	or the purpose of soliciting contributions icit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND		
•	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenu			Date of Receipt
	3729 Superior Avertu	;		05 02 2008
	City	State Zip Code		Transaction ID: SA11AI.9145
	Sheboygan	WI 53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼		
	Other (specify)	0 0 0 0 0	225.00	
	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	1		Date of Receipt
	Mailing Address 5729 Superior Avenu	9		M M / D D / Y Y Y Y Y O S 1 6 2 0 0 8
	City	State Zip Code		Transaction ID: SA11AI.9214
	Sheboygan	WI 53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	,	
	Primary General Other (specify) ▼	0 0 0 0 0	250.00	
	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenu	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: SA11AI.9288
	Sheboygan	WI 53083		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	•	
	Primary General Other (specify) ▼	0 0 0 0 0	275.00	
				75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Aven City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Aven City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lar City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Sr. Vice President, CIO Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person the name and address of any political committee to COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Land City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	e State Zip Code OH 43235 C Occupation Sr. Vice President, CIO Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Land City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Land City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Sr. Vice President, CIO Aggregate Year-to-Date 300.00	Date of Receipt M M A 2008 Transaction ID: SA11Al.9247 Amount of Each Receipt this Period 30.00 Payroll deduction of \$30 per pay
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
Mailing Address 7925 Greenside Lane)		05 / 30 / 2008
City <u>Worthington</u>	State OH	Zip Code 43235	Transaction ID: SA11AI.9318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Sr. Vice	n President, CIO	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
Mailing Address 7925 Greenside Lane)		06 13 2008
City	State	Zip Code	Transaction ID: SA11AI.9386
Worthington FEC ID number of contributing federal political committee.	ОН	43235	Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Sr. Vice	n President, CIO	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
Mailing Address 7925 Greenside Lane)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9458
Worthington FEC ID number of contributing federal political committee.	ОН	43235	Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	'	President, CIO	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		90.00

SCHEDULE A (FE ITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 67 (check only one) X 11a
Any information copied from or for commercial purposes, NAME OF COMMITTEE	other than using the name and a	nay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORISTS MUTUA	AL INSURANCE COMPANY	CIVIC FUND	
Full Name (Last, First, Min John C. Kessler	ddle Initial)		Date of Receipt
	Caswell Road		05 30 2008
City <u>Johnstown</u>	State OH	Zip Code 43031	Transaction ID: SA11AI.9319 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	outing		20.00
Name of Employer Motorists Mutual Insurand Company	Occupat Vice Pr	ion esident	Payroll deduction of \$20 per pay
Receipt For:	eneral Aggrega	ate Year-to-Date ▼ 220.00	
Full Name (Last, First, Mid John C. Kessler	ddle Initial)		Date of Receipt
Mailing Address 3910	Caswell Road		0 6 1 3 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9387
Johnstown FEC ID number of contrib federal political committee		43031	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurand Company	Occupat Vice Pr	ion esident	Payroll deduction of \$20 per pay
Receipt For: Primary G Other (specify) ▼	eneral Aggrega	ate Year-to-Date 240.00	
Full Name (Last, First, Mid John C. Kessler	ddle Initial)		Date of Receipt
Mailing Address 3910	Caswell Road		0 6 2 7 2 0 0 8
City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.9459
FEC ID number of contrib federal political committee	outing	43031	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurand Company	Occupat Vice Pr	ion esident	Payroll deduction of \$20 per pay
Receipt For: Primary G Other (specify) ▼	eneral Aggrega	ate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts Th	is Page (entional)		60.00

SCHEDULE A (FITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 67 (check only one) X
or for commercial purpose NAME OF COMMITTE	s, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Anne B. King Mailing Address 693			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Dublin</u> FEC ID number of con	State OH	Zip Code 43016	Transaction ID: SA11AI.9179 Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. C pany Receipt For: Primary Other (specify)	com- Occup. Vice F Aggree	ation President gate Year-to-Date ▼ 225.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Anne B. King Mailing Address 693	Middle Initial) 4 Roundwood Ct.		Date of Receipt 0 5 1 6 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9249
<u>Dublin</u>	OH	43016	Amount of Each Receipt this Period
FEC ID number of con federal political commit			25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Opany Receipt For:	Vice F	President	per pay
Primary Other (specify)	General	gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Anne B. King Mailing Address 693	Middle Initial) 4 Roundwood Ct.		Date of Receipt 0 5 3 0 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9320
Dublin	OH	43016	Amount of Each Receipt this Period
FEC ID number of con federal political commit			25.00
Name of Employer Motorists Mutual Ins. Opany Receipt For:	Vice F	ation President gate Year-to-Date ▼	Payroll deduction of \$25 per pay
Primary Other (specify)	General	gate Year-to-Date ▼ 275.00]
SUBTOTAL of Receipts	This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)		
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct. City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation Vice President Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct. City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date ▼	Date of Receipt M M D D Z D Q Z D D
SUBTOTAL of Receipts This Page (optional)	·····	70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to a COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stree City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date 240.00	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date 260.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M J D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wa	ay		Date of Receipt 0 6 1 3 2 0 0 8
City Chanhassen FEC ID number of contributing	State MN	Zip Code 55317	Transaction ID: SA11AI.9416 Amount of Each Receipt this Period 25.00
Name of Employer American Hardware Mutual Ins. Receipt For: Primary Other (specify)	Occupation Sr. VP &	Chief Operating Officer Year-to-Date ▼ 325.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wa	ay		Date of Receipt 0 6 2 7 2 0 0 8
City Chanhassen FEC ID number of contributing federal political committee.	State MN	Zip Code 55317	Transaction ID: SA11AI.9489 Amount of Each Receipt this Period 25.00
Name of Employer American Hardware Mutual Ins. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Chief Operating Officer Year-to-Date ▼ 350.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield D)rive		Date of Receipt
City Chanhassen FEC ID number of contributing federal political committee.	State MN	Zip Code 55317	Transaction ID: SA11AI.9490 Amount of Each Receipt this Period 15.00
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Mar Aggregate		Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional			65.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to a COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Court State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Court State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date 405.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any pers he name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)		Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Court State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date 495.00	Date of Receipt M M D D Z D D Z D D
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Court State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date 540.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge	Court		Date of Receipt
City <u>Manitowoc</u>	State WI	Zip Code 54220	Transaction ID: SA11AI.9433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00 Payroll deduction of \$45
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 585.00	perr pay
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood	d		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9044
Powell	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00 Payroll deduction of \$50
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Secretary Aggregate		per pay
Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood	d		Date of Receipt
			04 18 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9116 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	50.00
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Secretary		Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	Ayyreyale	400.00]
SUBTOTAL of Receipts This Page (optional)			145.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39/6/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		• •	
Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Mailing Address 10167 Chelton Wood	d		05 02 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	50.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Secretary		Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Mailing Address 10167 Chelton Wood	d		05 16 YYYYY
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	50.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Secretary		Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Mailing Address 10167 Chelton Wood	t		05 30 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	50.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Secretary	У	Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00]
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 67 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood		Date of Receipt 0 6 1 3 2 0 0 8
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.9396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Motorists Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Secretary Aggregate Year-to-Date 600.00	Payroll deduction of \$50 per pay
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9468
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 Payroll deduction of \$50
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Secretary Aggregate Year-to-Date ▼ 650.00	per pay
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		Date of receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.9491
FEC ID number of contributing federal political committee.	C 33440	Amount of Each Receipt this Period
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Underwriting Aggregate Year-to-Date 210.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)	·····	115.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	= COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Ave	enue		05 02 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.9191
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pre-		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
_	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Ave	enue		05 16 YYYYY 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.9261
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pre-		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Ave	enue		05 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9332
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pre-		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		275.00	
	SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any personant the name and address of any political committee to E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Ave City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43085 C Occupation Vice President Aggregate Year-to-Date 300.00	Date of Receipt 0 6 1 3 2 0 0 8 Transaction ID: SA11AI.9401 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Ave City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43085 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Eugene Schneckloth Mailing Address 334 Country Club C P. O. Box 46 City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	Ourt State Zip Code IA 52748 C Occupation Director Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	175.00

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	E COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow L	ane		05 02 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.9192
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
_	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow L	ane		05 16 2008
	City	State	Zip Code	Transaction ID: SA11Al.9262
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow L	ane		05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9333
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		275.00	
Γ	SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 67 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSI	in using the name and ac	ddress of any political committee to	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init Karen L. Schwartz Mailing Address 1252 Pond In City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	State OH C Occupati	esident te Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Init Karen L. Schwartz Mailing Address 1252 Pond H City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	State OH C Occupati		Date of Receipt O 6
Full Name (Last, First, Middle Init Mr. Robert C. Smith Mailing Address 29270 Hamp City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	shire Place State OH C Occupatiin		Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	(optional)		105.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 67 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any persong the name and address of any political committee to CE COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire City Westlake FEC ID number of contributing federal political committee.	Place State Zip Code OH 44145	Date of Receipt M M M / D D D / Y Y Y Y Y O 4 18 2008 Transaction ID: SA11Al.9082 Amount of Each Receipt this Period 55.00
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 440.00	Payroll deduction of \$55 per pay
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	OH 44145 C Occupation Director Aggregate Year-to-Date 495.00	Amount of Each Receipt this Period 55.00 Payroll deduction of \$55 per pay
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire City Westlake	Place State Zip Code OH 44145	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Director Aggregate Year-to-Date ▼ 550.00	Payroll deduction of \$55 per pay
SUBTOTAL of Receipts This Page (option	al)	165.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crieck only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pl City Westlake	ace State Zip Code OH 44145	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	55.00 Payroll deduction of \$55
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 605	per pay
3.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pl	ace	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9362
	Westlake FEC ID number of contributing federal political committee.	OH 44145	Amount of Each Receipt this Period 55.00 Payroll deduction of \$55
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date 660	peř pay
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pl		Date of Receipt
			06 27 2008
	City Westlake	State Zip Code OH 44145	Transaction ID: SA11AI.9434 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
s	UBTOTAL of Receipts This Page (optional)		165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 67 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial)	COMPANY CIVIC FUND	
Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City <u>New Albany</u>	State Zip Code OH 43054	Transaction ID: SA11AI.9194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive		05 16 2008
City	State Zip Code	Transaction ID: SA11AI.9264
New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive		05 30 YYYYY 2008
City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.9335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personal statements and address of any political committee to COMPANY CIVIC FUND	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	State Zip Code OH 43054 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M D D Z Z D S
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Senior Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Roa City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	d State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road City Glenford	State Zip Code OH 43739	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date 275.00	Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road City Glenford FEC ID number of contributing	State Zip Code OH 43739	Date of Receipt M M M / D D Z 2 0 0 8 Transaction ID: SA11AI.9405 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date ▼ 300.00	Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 67 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date 325.00	Date of Receipt M M M D 27 2008 Transaction ID: SA11AI.9477 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M M O D O 2 2008 Transaction ID: SA11AI.9197 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51/6/ (check only one)
ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Mailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.9338
FEC ID number of contributing federal political committee.	C	45055	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction of \$25 per pay
pany Receipt For: Primary General Other (specify) ▼	+ +	Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9407
Lewis Center FEC ID number of contributing federal political committee.	OH C	43035	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Mailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.9479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)			75.00

ITE Any i	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi	FOR LINE NUMBER: PAGE 52 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
N	r commercial purposes, other than using the AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		• • • • • • • • • • • • • • • • • • • •	o solicit contributions from such committee.
\. <u>J</u> a	ull Name (Last, First, Middle Initial) ames E. Vermillion lailing Address 919 Byron Avenue			Date of Receipt
_	<u> </u>			04 04 2008
	ity	State OH	Zip Code	Transaction ID: SA11AI.9057
F	Columbus EC ID number of contributing ederal political committee.	С	43227	Amount of Each Receipt this Period 35.00
	ame of Employer Notorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$35 per pay
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 245.00	
	ull Name (Last, First, Middle Initial) ames E. Vermillion	_		Date of Receipt
_	lailing Address 919 Byron Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	ity	State	Zip Code	Transaction ID: SA11AI.9129
<u>C</u>	Columbus	OH	43227	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		35.00
N	ame of Employer fotorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$35 per pay
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00	
	ull Name (Last, First, Middle Initial) ames E. Vermillion			Date of Receipt
M	lailing Address 919 Byron Avenue			05 02 7 7 7 7 7
	ity	State	Zip Code	Transaction ID: SA11AI.9199
_	Columbus	OH	43227	Amount of Each Receipt this Period
fe 	EC ID number of contributing ederal political committee.	C		35.00 Payroll deduction of \$35
N	ame of Employer lotorists Mutual Insurance Company	Occupation Vice Pre		per pay
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 315.00	
CITE	BTOTAL 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 53 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
Mailing Address 919 Byron Avenue City	State	Zip Code	0 5 1 6 2 0 0 8 Transaction ID: SA11AI.9269
Columbus	ОН	43227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pres		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) James E. Vermillion	1		Date of Receipt
Mailing Address 919 Byron Avenue			05 / 30 / 2008
City	State	Zip Code	Transaction ID: SA11AI.9340
Columbus	OH	43227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pres	sident	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 385.00]
Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
Mailing Address 919 Byron Avenue			06 13 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.9409
Columbus	OH	43227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pres	sident	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional)			105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle		COMPANY	SIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
	Mailing Address 919 Byron Avenue			06 27 2008
	City Columbus	State OH	Zip Code 43227	Transaction ID: SA11AI.9481 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pre		Payroll deduction of \$35 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 455.00	
_	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blv	d.		05 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9200
	Hilliard FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blv	d.		05 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.9270
	Hilliard FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Insurance Company	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			85.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee	
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd City	State Zip Code	0 5 3 0 2 0 0 8 Transaction ID: SA11AI.9341
Hilliard Hilliard	OH 43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd		06 13 YYYYY 2008
City	State Zip Code	Transaction ID: SA11AI.9410
Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
Mailing Address 3249 Scioto Run Blvd		0 6 27 2008
City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.9483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional) .	I	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd. City Columbus FEC ID number of contributing federal political committee.	State Zip Code OH 43235	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date	per pay
Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9412
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date	peř pay
Other (specify) ▼ Full Name (Last, First, Middle Initial)		240.00
Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9484
Columbus FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date	Payroll deduction of \$20 per pay
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDUL ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercia	copied from such Reports and S al purposes, other than using the DMMITTEE (In Full) FS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Robert L. V Mailing Addre	ess 5203 South 8th Street	State WI	Zip Code 53081	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 0 8 Transaction ID: SA11AI.9007 Amount of Each Receipt this Period 40.00
Receipt For:	oloyer al Ins. Company General specify)	Occupation President Aggregate		Payroll deduction of \$40 per pay
Mr. Robert L. V	ess 5203 South 8th Street	State WI	Zip Code 53081	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emp Wilson Mutua Receipt For:	oloyer al Ins. Company	Occupation President Aggregate		Payroll deduction of \$40 per pay
Full Name (La Mr. Robert L. V Mailing Addre City Sheboygan	ess 5203 South 8th Street	State WI	Zip Code 53081	Date of Receipt M M M
Name of Emp Wilson Mutua Receipt For:	oloyer al Ins. Company	Occupation President Aggregate		Payroll deduction of \$40 per pay
SUBTOTAL of	Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 400.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date ▼ 440.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date ▼ 480.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 67 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Stre	not		Date of Receipt
City Sheboygan	State WI	Zip Code 53081	Transaction ID: SA11AI.9431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Wilson Mutual Ins. Company Receipt For:	Occupation Presiden	t	Payroll deduction of \$40 per pay
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Driv	re W.		Date of Receipt 0 4 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9060
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Insurance Company	- ' '	ice President	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
Mailing Address 5519 Medallion Driv	e W.		0 4 1 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9132
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction of \$30
Name of Employer Motorists Mutual Insurance Company Receipt For:		n ice President • Year-to-Date ▼	per pay
Primary General Other (specify) ▼	ggr ogate	240.00	
SUBTOTAL of Receipts This Page (optional)		100.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 67 (check only one) X 11a
or for commercial pur	poses, other than using the nar	ne and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, F Charles A. Wickert Mailing Address City Westerville FEC ID number of federal political col	5519 Medallion Drive W.	State Zip Code OH 43082	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual In Company Receipt For: Primary Other (speci	General	Occupation Senior Vice President Aggregate Year-to-Date 270.00	Payroll deduction of \$30 per pay
Full Name (Last, F Charles A. Wickert Mailing Address	irst, Middle Initial) 5519 Medallion Drive W.		Date of Receipt M
City Westerville FEC ID number of federal political cor		State Zip Code OH 43082	Transaction ID: SA11AI.9272 Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual In Company Receipt For: Primary Other (speci	nsurance General	Occupation Senior Vice President Aggregate Year-to-Date ▼ 300.00	Payroll deduction of \$30 per pay
Full Name (Last, F Charles A. Wickert Mailing Address	irst, Middle Initial) 5519 Medallion Drive W.		Date of Receipt
City Westerville		State Zip Code OH 43082	Transaction ID: SA11AI.9343 Amount of Each Receipt this Period
FEC ID number of federal political con		C	30.00
Name of Employer Motorists Mutual II Company Receipt For: Primary Other (speci	General	Occupation Senior Vice President Aggregate Year-to-Date ▼ 330.00	Payroll deduction of \$30 per pay
SUBTOTAL of Rece	ipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 67 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Driv	vo W		Date of Receipt
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.9413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼		ee President Year-to-Date ▼ 360.00	Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Driv	ve W.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9485
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Motorists Mutual Insurance Company		e President	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
Full Name (Last, First, Middle Initial) Michael L. Wiseman	l		Date of Receipt
Mailing Address 90 Timberknoll Loo	p		0 4 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9062
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional	ıl)		95.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date ▼ 315.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 67 (check only one) X
or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
Mailing Address 90 Timberknoll Lo	·	05 30 2008
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.9345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
Mailing Address 90 Timberknoll Lo	ор	06 13 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.9415
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00 Payroll deduction of \$35
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
Mailing Address 90 Timberknoll Lo	ор	0 6 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9488
Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Payroll deduction of \$35 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	455.00	
SUBTOTAL of Receipts This Page (option	nal)	105.00
232.2.1.2 Si riccoipte Tillo i ago (option		_

ITI		-	3X) _{Us}	se sepa	arate schedule(s)		OR LINE	-			AGE 64/	
	EMIZED DIS	BURSEMENT	TS for	r each	category of the Summary Page		check onl 21b 27	y one) 22 28a	23 28b	24 28c	25 X 29	\square
		d from such Reports a										s
\setminus	NAME OF COMM							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10111 00011		
	, ,	First, Middle Initial) Representative Cor	mmittee						action II	D: SB29	.8930	
	Mailing Address	105 West Libert	y Street					0 4	M / D	3 0 /	200	8 ^Y
	City Medina		State OH	,	Zip Code 44256			Amou	nt of Eac	h Disburs	ement this	
	Purpose of Disbur Contribution	rsement				_	11	L.			500.0	0
		Representative Cor			0000		egory/ vpe					
	Office Sought: State: OH	X House Senate President	Disbursement Prin Oth	nary	2008 X General ecify) ▼							
		District: 69 First, Middle Initial) Committee							action II	D: SB29	.8937	
	Mailing Address	31 State Route 2	239					0 6	M / D	03 /	Ý ŽOĎ	8 ^Y
	City		State	<u> </u>	Zip Code			Amou	nt of Eac	h Disburs	ement this	Perio
	Portsmouth		ОН		45663							
	Purpose of Disbur Contribution	rsement	ОН		45663	Ō	11				250.0	0
	Purpose of Disbur		ОН		45663	Cate	11 egory/				250.0	0
	Purpose of Disbur Contribution Candidate Name Book Election Office Sought:	Committee X House Senate President	Disbursement Prin	nary	2008	Cate	egory/				250.0	0
	Purpose of Disbur Contribution Candidate Name Book Election (Office Sought:	Committee X House Senate President District: 89 First, Middle Initial)	Disbursement Prin	nary	2008 X General	Cate	egory/	Date	of Disbur		.8933	
	Purpose of Disbur Contribution Candidate Name Book Election (Office Sought: State: OH Full Name (Last, F	Committee X House Senate President District: 89 First, Middle Initial)	Disbursement Prin	nary	2008 X General	Cate	egory/	Date	of Disbur			
	Purpose of Disbur Contribution Candidate Name Book Election C Office Sought: State: OH Full Name (Last, F Citizens for Gib	X House Senate President District: 89 First, Middle Initial)	Disbursement Prin	nary er (spe	2008 X General	Cate	egory/	Date of 0 5	of Disbur	sement 0 7 /	.8933 Y 2 0 0	8 Y
	Purpose of Disbur Contribution Candidate Name Book Election C Office Sought: State: OH Full Name (Last, F Citizens for Gib Mailing Address City Lakeville Purpose of Disbur Contribution	Committee X House Senate President District: 89 First, Middle Initial) bbs 6992 TR 466	Disbursement Prin Oth	nary er (spe	2008 X General ecify) ▼	Cate	egory/ /pe	Date of 0 5	of Disbur	sement 0 7 /	.8933 Y 2 0 0	8 Y
	Purpose of Disbur Contribution Candidate Name Book Election C Office Sought: State: OH Full Name (Last, F Citizens for Gib Mailing Address City Lakeville Purpose of Disbur Contribution Candidate Name Citizens for Gib	Committee X House Senate President District: 89 First, Middle Initial) abs 6992 TR 466	Disbursement Prin Oth State OH	nary er (spe	2008 X General ecify) ▼ Zip Code 44638	Cate Ty	egory/ /pe	Date of 0 5	of Disbur	sement 0 7 /	.8933 Y 2 0 0	8 Y
	Purpose of Disbur Contribution Candidate Name Book Election Confice Sought: State: OH Full Name (Last, Foitizens for Gib Mailing Address City Lakeville Purpose of Disbur Contribution Candidate Name	Committee X House Senate President District: 89 First, Middle Initial) bbs 6992 TR 466	Disbursement Oth State OH Disbursement Prin	rary er (spe	2008 X General ecify) ▼	Cate Ty	egory/ /pe	Date of 0 5	of Disbur	sement 0 7 /	.8933 Y 2 0 0	8 Y

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_		NE NUMBER: PAGE 65 / 67 only one)						67	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	П	23 28b	24 28c	\vdash	25 29	\vdash	26 80b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										5	
NAME OF COMMITTEE (In Full)	Tana address of any pointed of			non corn							
MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND										
Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon				Date o		sburse				Y	
Mailing Address 5325 Ponderosa Drive				0 4		1	6 /	2 (o ŏ e	3	
•	State Zip Code OH 43231			Amou	int of	Each	Disburse	ement	this f	Period	_
Purpose of Disbursement Contribution Candidate Name Citizens for Kevin Bacon		011 Categor	-					200	0.0	0	_
Office Sought: X House Senate President State: OH District: 21	ment For: 2008 Primary X General Other (specify)	. 7/6-2									
Full Name (Last, First, Middle Initial) Citizens to Elect Sandra Stabile Harwood Mailing Address 2671 Oak Forest				Date o		sburse	SB29.		: o ŏ 8	3 ^Y	_
•	State Zip Code OH 44446			Amou	ınt of	Each	Disburse	ement	this f	Period	_
Purpose of Disbursement Contribution		011	$\overline{}$					25	50.0	0	
Candidate Name Citizens to Elect Sandra Stabile Harwood		Catego	•								
Office Sought: X House Senate President State: OH District: 65	ment For: 2008 Primary X General Other (specify)										
Full Name (Last, First, Middle Initial) Citizens with Celeste				Trans Date of			SB29.	.8939)		
Mailing Address 1632 West First Avenue				0 6	M /	^D 0	3 /	ž	o ŏ c	3 Y	
•	State Zip Code OH 43212			Amou	int of	Each	Disburse	ement	this f	Period	_
Purpose of Disbursement 1632 West First Avenue		011						25	50.0	0	
Candidate Name Citizens with Celeste	,	Catego	•								
Office Sought: X House Senate President State: OH District: 24	ment For: 2008 Primary X General Other (specify)										
SUBTOTAL of Disbursements This Page (optional) .								250	0.0))	7
TOTAL This Period (last page this line number only)			<u> </u>		•						j

Columbus OH 43229 Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect David Goodman Office Sought: House	SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 66 / 67
n/AME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Committee to Elect David Goodman Mailing Address 1908 Cedar Willow Drive City Columbus OH 43229 Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect Reenan Mailing Address 865 Macon Alley City Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: House Disbursement For: 2008 Primary X General President Category' Type City Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Primary X General Category' Type City Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Primary X General Category' Type City Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Primary X General Category' Type District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 North Republic Road City City OH 43615 Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Disbursement For: 2008 Purpose of Disbursement Office Sought: X House Primary X General Category' Type Transaction ID: SB29.8943 Date of Disbursement Disburs	TEMIZED DISBURSEMENTS		21b	22 23 24 25
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Committee to Elect David Goodman Mailing Address 1908 Cedar Willow Drive City State Zip Code OH 43229 Purpose of Disbursement Campaign Contribution Cancidate Name Committee to Elect David Goodman Office Sought: A senate President State OH District: 03 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Office Sought: A senate President State OH District: 03 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Office Sought: A senate President State Columbus Office Sought: A senate President Preside				
Committee to Elect David Goodman Mailing Address 1908 Cedar Willow Drive City State Zip Code Columbus OH 43229 Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect David Goodman Office Sought: News Senate Primary Ageneral Columbus OH 43206 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Mailing Address 865 Macon Alley City State Zip Code Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: News Senate Primary Ageneral Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: News Senate Primary Ageneral Columbus OH 43206 Purpose of Disbursement Committee to Elect Keenan Office Sought: News Senate Primary Ageneral Columbus Other (specify) ▼ Transaction ID: SB29.8945 Date of Disbursement this Period Office Sought: News Senate Primary Ageneral Columbus Other (specify) ▼ Transaction ID: SB29.8945 Date of Disbursement this Period Office Sought: News State Senate Primary Ageneral Columbus Other (specify) ▼ Transaction ID: SB29.8943 Date of Disbursement this Period Office Sought: News State Sta	NAME OF COMMITTEE (In Full)			
City State Zip Code Columbus State Vipesident State OH District: 03 Full Name (Last, First, Middle Initial) Contribution Candidate Name Columbus Senate Primary Ageneral Contribution Candidate Name Committee to Elect Keenan Mailing Address 865 Macon Alley City State Zip Code OH 43206 Columbus OH 43206 Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Mailing Address 865 Macon Alley City State Zip Code OH 43206 Contribution Candidate Name Committee to Elect Keenan Disbursement Contribution Candidate Name Committee to Elect Keenan Disbursement For: 2008 Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Disbursement For: 2008 Primary Ageneral Disbursement For: 2008 Primary Ageneral Disbursement For: 2008 Primary Ageneral City State Zip Code OH 43615 Transaction ID: SB29.8943 Date of Disbursement Transaction ID: SB29.8943 Date of Disbursement Office Sought: X House State Zip Code OH 43615 City State Zip Code OH 43615 Categogry/ Type Amount of Each Disbursement this Pering State	,			
Columbus Purpose of Disbursement Committee to Elect Keenan Office Sought: Committee to Elect Keenan Mailing Address Senate Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Purpose of Disbursement Committee to Elect Keenan Office Sought: X House Purpose of Disbursement Committee to Elect Keenan Office Sought: X House President State: OH District: 22 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Office Sought: X House President State: OH District: 22 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Office Sought: X House President State: OH District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi OH Cardidate Name Committee to Elect Keenan Other (specify) Other (specify) Transaction ID: SB29.8945 Date of Disbursement this Perince of Name (Category) Type Transaction ID: SB29.8945 Date of Disbursement this Perince of Name (Category) Type Transaction ID: SB29.8945 Date of Disbursement this Perince of Name (Category) Type Transaction ID: SB29.8945 Date of Disbursement this Perince of Name (Category) Type Transaction ID: SB29.8943 Date of Disbursement (Category) Type Transaction ID: SB29.8945	Mailing Address 1908 Cedar Willow Dri	ve		$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
Campaign Contribution Candidate Name Committee to Elect David Goodman Office Sought: House Disbursement For: 2008 Primary General Primary General President State: OH District: 03 Full Name (Last, First, Middle Initial) Committee to Elect Keenan Mailing Address 865 Macon Alley City State Zip Code OH 43206 OH 43206 OH 43206 OH 43206 OH Other (specify) ▼ Amount of Each Disbursement this Peri Category/ Type Office Sought: House Disbursement For: 2008 Primary General President Other (specify) ▼ Transaction ID: SB29.8945 Date of Disbursement this Peri Date of Disbursement Date of Dis				Amount of Each Disbursement this Period
Committee to Elect David Goodman Office Sought: House	Campaign Contribution			500.00
State: OH	Committee to Elect David Goodman	0000	, ,	
Full Name (Last, First, Middle Initial) Committee to Elect Keenan Mailing Address 865 Macon Alley City Columbus Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Office Sought: X House Primary President State: OH District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi City State Purpose of Disbursement For: Cother (specify) State State of Disbursement Initial) Friends of Matt Szollosi City Toled Candidate Name City Toled City Toled Candidate Name Friends of Matt Szollosi City Toled Candidate Name Friends of Matt Szollosi City Toled Candidate Name Friends of Matt Szollosi City Candidate Name Friends of Matt Szollosi City Candidate Name Friends of Matt Szollosi Office Sought: X House State City City Category/ Type Category/ Type Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary State City Category/ Type Category/ Type Office Sought: Category/ Type Office Sought: Category/ Type Office Sought: X House Senate Primary Seneral Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	χ Senate President	Primary X General		
City State Zip Code OH 43206 Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Office Sought: X House Primary X General Purpose of Disbursement State: OH District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 North Republic Road City State Zip Code OH 43615 City State Zip Code OH 43615 City State Zip Code OH 43615 City State Zip Code Other (specify) ▼ Amount of Each Disbursement this Periods of Matt Szollosi Transaction ID: SB29.8943 Date of Disbursement OH 43615 Amount of Each Disbursement this Periods of Matt Szollosi City State Zip Code OH 43615 City Category' Type Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) ▼ Office Sought: X House Disbursement For: 2008 Senate Primary X General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
Columbus OH 43206 Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Office Sought: X House Senate Primary X General Other (specify) State: OH District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi City State Zip Code Toledo OH 43615 Purpose of Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary X General Other (specify) Transaction ID: SB29.8943 Date of Disbursement Mailing Address 3166 North Republic Road Amount of Each Disbursement this Periodate Name Friends of Matt Szollosi Office Sought: X House Primary X General Other (specify) Office Sought: X House Other (specify) Office Sought: X General Other (specify)				
Purpose of Disbursement Contribution Candidate Name Committee to Elect Keenan Office Sought:				Amount of Each Disbursement this Perio
Committee to Elect Keenan Office Sought:	Purpose of Disbursement		011	100.00
Senate Primary X General Other (specify) ▼ State: OH District: 22 Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 North Republic Road City State Zip Code OH 43615 Purpose of Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: SB29.8943 Date of Disbursement Office Sought Szollosi Transaction ID: SB29.8943 Date of Disbursement Office Sough Supply				
Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 North Republic Road City State Zip Code Toledo OH 43615 Purpose of Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary X General Other (specify) Toledo Other (specify) Toledo Office Sought: X House Other (specify) Toledo Oth	Senate President	Primary X General		
City State Zip Code Toledo OH 43615 Purpose of Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary X General President State Zip Code OH 23615 Amount of Each Disbursement this Periode Category/ Type Office Sought: X House Primary X General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
Toledo OH 43615 Purpose of Disbursement Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary President Other (specify) OH 43615 250.00 Category/ Type Category/ Type Other (specify) Other (specify)	Mailing Address 3166 North Republic R	oad		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
Contribution Candidate Name Friends of Matt Szollosi Office Sought: X House Senate Primary V General President Other (specify)				Amount of Each Disbursement this Perio
Friends of Matt Szollosi Office Sought: Senate President Disbursement For: 2008 Primary X General Other (specify)	Contribution			250.00
Senate Primary X General President Other (specify) ▼	Friends of Matt Szollosi			
	Senate	Primary X General		

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	1PANY CIVIC FUND		
Full Name (Last, First, Middle Initial) Judge Lisa L. Sadler Committee			Transaction ID: SB29.8929 Date of Disbursement
Mailing Address 100 South Third Street			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 0 & 8 \end{bmatrix} $
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Judge Lisa L. Sadler Committee		Category/ Type	
Office Sought: House Disburse Senate President	ement For: 2008 Primary X General Other (specify)		
State: OH District:			
Full Name (Last, First, Middle Initial) OH House Republican Campaign Commit	tee		Transaction ID: SB29.8925 Date of Disbursement
Mailing Address 4679 Winterset Drive			$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 8 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Columbus	State Zip Code OH 43220		Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution		011	2500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: 2008 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	8100.00

State: OH

District: