FEC FORM 3X	AND	ORT OF R DISBURS her Than An Auth	EMENTS	ee	Office Use Only	,
1. NAME OF COMMITTEE (in fi		C MAILING LABEL E OR PRINT ₩	Example:If typing	, type		
MOTORISTS MUT		COMPANY CIVIC FU	ND 			
Check if differ than previous reported. (AC		JMBUS				
2. FEC IDENTIFICAT	,		<pre>{ A</pre>	STATE		
C00336834				IEW N) OR	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Onl	rts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	Due On:	20 (M3) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 Primary (12P Convention (12) 10 Conven	12C) S	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) in the State Runoff (30R) in the State	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	ined this Report and reasurer <u>Mich</u> Ele <u>ctronically File</u>	ael L. Wiseman	seman	true, correct and co	30 2009 omplete. 07 09 ort to the penalties of 2 L	2 0 0 9 J.S.C 437g.
Office Use Only					FEC FOI (Rev. 12/2	

Image# 29934221347

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 73

١	Vrite or Type Committee Name MOTORISTS MUTUAL INSURANCE CC	DMPANY CIVIC FUND	
F	Report Covering the Period: From:	M 1 01 Y Y Y 2009	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 ^{Y Y Y}		17121.68
	(b) Cash on Hand at Begining of Reporting Period	17121.68	
	(c) Total Receipts (from Line 19)	20579.80	20579.80
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37701.48	37701.48
7.	Total Disbursements (from Line 31)	14578.00	14578.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23123.48	23123.48
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image# 29934221348

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period:From: $M M \\ 0 1$ $D D \\ 0 1$ $Y Y W Y \\ 2 0 0 9$ To: $M M \\ 0 6$ $D D \\ 3 0$ $Y Y Y Y Y \\ 2 0 0 9$				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11.	Contributions (other than loans) From:			
	 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	7081.00	7081.00	
	(ii) Unitemized	13498.80	13498.80	
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ►	20579.80	20579.80	
	(b) Political Party Committees	0.00	0.00	
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00	
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	20579.80	20579.80	
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00	
13.	All Loans Received	0.00	0.00	
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00	
	to Federal candidates and Other Political Committees	0.00	0.00	
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
8.	Transfers from Non-Federal and Levin Funds			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
	(b) Levin Funds (from Schedule H5)	0.00	0.00	
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20579.80	20579.80	
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	20579.80	20579.80	

Image# 29934221349

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A	COLUMN B
1. Operating Expenditures:	Total This Period	Calendar Year-to-Date
 (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share 	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	28.00	28.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	28.00	28.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	6500.00	6500.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
9. Other Disbursements	8050.00	8050.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22, 23. 24. 25. 26. 27. 29(d), 29. and 20(c))	14578.00	14578.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))		14370.00
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	14578.00	14578.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

5 / 73 FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating COLUMN B COLUMN A Expenditures **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 20579.80 20579.80 from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d)) 35. Net Contributions (other than loans) 20579.80 20579.80 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 28.00 28.00 (add Line 21(a)(i) and Line 21(b))..... 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3) 38. Net Operating Expenditures 28.00 28.00 (subtract Line 37 from Line 36)

FE6AN026

:	SCHEDULE A (FEC Form 3X)	Use separa	te schedule(s)	FOR LINE NUMBER: PAGE 6 / 73 (check only one)
	ITEMIZED RECEIPTS	for each cat		$\begin{array}{c} \hline X \\ 11a \\ 13 \\ 14 \\ 15 \\ 15 \\ 16 \\ 17 \\ 17 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17$
ſ	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or name and address of any pol	used by any person litical committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND		
۷ A.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 04 03 2009
	City	State Zip Code		Transaction ID: SA11AI.10931
	<u>Dublin</u>	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.	Occupation VP Life Operations		Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General		1 1 1 1	
_	Other (specify)	0 0 0 0 0	210.00	
Б	Full Name (Last, First, Middle Initial)			Data of Dessint
В.	Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt
	City	State Zip Code		Transaction ID: SA11AI.11005
	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.	Occupation VP Life Operations		Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date	▼	-
	Other (specify) ▼		240.00	
- C.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop			0 5 / D D / Y Y Y Y 0 5 0 1 2 0 0 9
	City	State Zip Code		Transaction ID: SA11AI.11091
	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.	Occupation VP Life Operations		Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date	▼	
	Other (specify) ▼		270.00	
ſ	SUBTOTAL of Receipts This Page (optional)		b	90.00
ŀ	TOTAL This Period (last page this line number of		,	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 73 (check only one) 11a X 11a 11b 11c 12 13 14 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 pers name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		05 15 Y Y Y Y 025 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11168
	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.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
- B.	Full Name (Last, First, Middle Initial) Michael J. Agan	I	Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11244
	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.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	330.00	
- С.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 06 12 2009
	City	State Zip Code	Transaction ID: SA11AI.11321
	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.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (ansaid)	Aggregate Year-to-Date ▼ 360.00	
-	Other (specify)		
	SUBTOTAL of Receipts This Page (optional)		90.00
ſ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		06 26 Y Y Y Y 026 2009
	City	State Zip Code	Transaction ID: SA11AI.11395
	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.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	390.00	
- В.	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 02 06 2009
	City	State Zip Code	Transaction ID: SA11AI.10641
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	B0.00 Payroll deduction of \$80
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	per pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
– C.	Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court		Date of Receipt
	City	State Zip Code	0 2 2 0 2 0 9 Transaction ID: SA11AI.10716
	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 Other (specify)	Aggregate Year-to-Date ▼ 320.00	
Γ	SUBTOTAL of Receipts This Page (optional)		190.00
F	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 73 (check only one)
	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 perso name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
. Z	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		03 / 06 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.10790
	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:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00]
_	Full Name (Last, First, Middle Initial) John J. Bishop	I	Date of Receipt
	Mailing Address 1390 Picardae Court		M M / D D / Y Y Y Y 03 / 20 2009
	City	State Zip Code	Transaction ID: SA11AI.10860
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	 Payroll deduction of \$80 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	480.00	
_	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 0 4 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10932
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	560.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 73 (check only one)
ہ د	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY		
×.	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 04 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.11006
	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	Occupation	n, President and CEO	Payroll deduction of \$80 per pay
	<u>Co.</u> Receipt For:	1 .	Year-to-Date V	
	Primary General Other (specify) ▼		640.00]
	Full Name (Last, First, Middle Initial) John J. Bishop	1		Date of Receipt
	Mailing Address 1390 Picardae Court			05 01 <u>YYYY</u>
	City	State	Zip Code	Transaction ID: SA11AI.11092
	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	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 7 20.00]
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			05 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.11169
	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	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date V 800.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		240.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 73 (check only one) X X 11a 13 14 15 16
or for	Commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	IOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	ull Name (Last, First, Middle Initial) ohn J. Bishop		Date of Receipt
Μ	ailing Address 1390 Picardae Court		05 / Y Y Y Y 05 29 2009
С		State Zip Code	Transaction ID: SA11AI.11245
_	owell	OH 43065	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	80.00
N	ame of Employer lotorists Mutual Insurance	Occupation	 Payroll deduction of \$80 per pay
C	0.	Chairman, President and CEO	_
R	eceipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	880.00	
	ull Name (Last, First, Middle Initial) ohn J. Bishop	1	Date of Receipt
	ailing Address 1390 Picardae Court		0 6 1 2 2 0 0 9
C	ity	State Zip Code	Transaction ID: SA11AI.11322
<u>P</u>	owell	OH 43065	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	80.00
M	ame of Employer lotorists Mutual Insurance	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
<u>C</u> R	o. eceipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) v	960.00]
	ull Name (Last, First, Middle Initial) ohn J. Bishop		Date of Receipt
	ailing Address 1390 Picardae Court		M M / D D / Y Y Y Y
C	ity	State Zip Code	0 6 2 6 2 0 0 9 Transaction ID: SA11AI.11396
<u>P</u>	owell	OH 43065	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	80.00
N M C	ame of Employer lotorists Mutual Insurance o.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
	eceipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1040.00]
		I	240.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 73 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers		Date of Receipt
	Mailing Address S86 W33540 Short Dr	ive	05 / D D / Y Y Y Y 05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11227
	Mukwonago	WI 53149-9306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	Payroll deduction of \$125 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	250.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		05 / 29 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.11230
	Calamus	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	220.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		06 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.11307
		IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	240.00	
	SUBTOTAL of Receipts This Page (optional)		165.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 73 (check only one) 11a X 11a 11b 11c 12 13 14 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
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
⊻ A.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11381
	Calamus	IA 52729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	260.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		M M / D D / Y Y Y Y 05 01 2009
	City	State Zip Code	Transaction ID: SA11AI.11098
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	 Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) Image: Constraint of the second	225.00	
– c.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	1	Date of Receipt
	Mailing Address 5760 Whispering Trail		05 15 Y Y Y Y 05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11175
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	······	70.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 73 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	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.	
	> MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt		
	Mailing Address 5760 Whispering Trail	05 / 29 / Y Y Y Y 025 / 2009		
	City	State Zip Code	Transaction ID: SA11AI.11250	
	Galena	OH 43021	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		25.00	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay	
	Receipt For:	Aggregate Year-to-Date V	-	
	Primary General Other (specify) ▼	275.00		
– В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt	
	Mailing Address 5760 Whispering Trail	M M / D D / Y Y Y Y 06 12 2009		
	City	State Zip Code	Transaction ID: SA11AI.11327	
	Galena	OH 43021	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		25.00	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay	
	Receipt For:	Aggregate Year-to-Date V	-	
	Primary General Other (specify)	300.00		
– c.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	1	Date of Receipt	
	Mailing Address 5760 Whispering Trail		0 6 2 6 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.11401	
	Galena	OH 43021	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		25.00	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	325.00		
Γ	SUBTOTAL of Receipts This Page (optional)	I	75.00	
	TOTAL This Period (last page this line number			

			FOR LINE NUMBER: PAGE 15 / 73
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt	
	Mailing Address 7042 Tralee Drive	M M / D D / Y Y Y Y 05 / 01 / 2009	
	City	State Zip Code	Transaction ID: SA11AI.11099
	<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	Payroll deduction of \$25
	Motorists Mutual Ins. Com- pany	VP Tax Division	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	225.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11176
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Tax Division	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General		_
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11251
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Tax Division	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	275.00	
Γ			75.00
╞	SUBTOTAL of Receipts This Page (optional)		
	$\ensuremath{\textbf{TOTAL}}$ This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 73 (check only one) 11a X 11a 13 14 15 16 17
	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 committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive		Date of Receipt
	City Dublin	State Zip Code OH 43017	Transaction ID: SA11AI.11328 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 Tax Division	 Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) John D. Coffman Mailing Address 7042 Tralee Drive		Date of Receipt
		06 26 2009	
	City Dublin	State Zip Code OH 43017	Transaction ID: SA11AI.11402
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Tax Division	 Payroll deduction of \$25 per pay
	Primary General Other (specify) $rac{1}{2}$	Aggregate Year-to-Date ▼ 325.00	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C	it.	M M / D D / Y Y Y Y 05 01 2009
	City	State Zip Code	Transaction ID: SA11AI.11079
	Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 225.00	
	SUBTOTAL of Receipts This Page (optional)		75.00
	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 17 / 73 (check only one) X X 11a 11b 11c 13 14
A	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any personess 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 INSURANCE	COMPANY C	IVIC FUND	
. Ľ	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street	05 15 Y Y Y Y 095 15 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11154
	Eldridge FEC ID number of contributing federal political committee.	IA C	52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com- pany Receipt For:	- I - I	Marketing/Claims Year-to-Date ▼	Payroll deduction of \$25 per pay
_	Other (specify)		250.00]
	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street Ct.			05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.11232
	Eldridge FEC ID number of contributing federal political committee.		52748	Amount of Each Receipt this Period
	Name of Employer lowa Mutual Insurance Com- pany	11	Marketing/Claims	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 275.00]
_	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	-		Date of Receipt
	Mailing Address 712 South 9th Street	Ct.		0 6 1 2 2 0 0 9
	City Eldridae	State IA	Zip Code 52748	Transaction ID: SA11AI.11309 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Iowa Mutual Insurance Com- pany	Occupation Sr. V. P. N	Marketing/Claims	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
	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 18 / 73 (check only one) I1a X 11a 13 14 15 16 1
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY		
× ۹.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
	Mailing Address 712 South 9th Street	M M / D D / Y Y Y Y 06 26 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11383
	Eldridge	IA	52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Iowa Mutual Insurance Com-	Occupatio		 Payroll deduction of \$25 per pay
	pany Receipt For:		Marketing/Claims	
	Primary General Other (specify) ▼		325.00]
	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
	Mailing Address 6323 Cook Road			0 5 / 0 1 / Y Y Y Y 0 5 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11102
	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 Pres		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 225.00]
	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
	Mailing Address 6323 Cook Road			05 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.11179
	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 Pres		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 73 (check only one) X X 11a 13 14 15 16 17			
or for commercial purposes, other than usin	and Statements may not be sold or used by any person ig the name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE COMPANY CIVIC FUND				
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt			
Mailing Address 6323 Cook Road	Mailing Address 6323 Cook Road				
City	State Zip Code	Transaction ID: SA11AI.11254			
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	Occupation	 Payroll deduction of \$25 per pay 			
Company Receipt For:	Vice President	-1			
Primary General	Aggregate Year-to-Date				
Other (specify)	275.00				
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt			
Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 06 12 2009			
City	State Zip Code	Transaction ID: SA11AI.11331			
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) ▼	300.00				
Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt			
Mailing Address 6323 Cook Road		M M / D D / Y Y Y Y 06 26 2009			
City	State Zip Code	Transaction ID: SA11AI.11405			
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				
SUBTOTAL of Receipts This Page (option	nal)	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 20 / 73 (check only one) (check 112) X 112 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	05 01 Y Y Y Y 05 01 2009
	City	State Zip Code	Transaction ID: SA11AI.11104
	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 Ins. Com-	Occupation	 Payroll deduction of \$25 per pay
	pany Receipt For:	Vice President	_
	Primary General	Aggregate Year-to-Date	1
	Other (specify)	225.00	
в.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
υ.	Mailing Address 5922 Coventry Lake D	rive	05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11182
	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 Ins. Com- pany	Occupation Vice President	 Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	250.00]
– C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11256
	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 Ins. Com-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	275.00]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	75.00
F	TOTAL This Period (last page this line number		

60UE1			i	FOR LINE NUMBER: PAGE 21 / 73
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		separate schedule(s) each category of the	(check only one)
	LED RECEIPTS		ailed Summary Page	X 11a 11b 11c 12
Any inform or for com	nation copied from such Reports and Sta imercial purposes, other than using the n	tements may not be ame and address of	sold or used by any person any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full)			
А мото	ORISTS MUTUAL INSURANCE CO	OMPANY CIVIC I	FUND	
A. Dougla	ame (Last, First, Middle Initial) Is L. Dodson			Date of Receipt
Mailing	a Address 5922 Coventry Lake Driv	06 12 Y Y Y Y 006 12 2009		
City		State Zip	o Code	Transaction ID: SA11AI.11333
<u>Hilliar</u>	rd	OH 43	3026	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		25.00
Name	of Employer	Occupation		 Payroll deduction of \$25 per pay
pany	sts Mutuál Ins. Com-	Vice President		
Receip		Aggregate Year-to	o-Date 🔻	
	Primary General Other (specify) v		300.00	
	ame (Last, First, Middle Initial) Is L. Dodson			Date of Receipt
Mailing	Mailing Address 5922 Coventry Lake Drive			0 6 / ^D D / <u>Y</u> Y Y Y 2 6 2 0 0 9
City			o Code	Transaction ID: SA11AI.11407
<u>Hilliar</u>	rd	<u>OH 43</u>	3026	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		25.00
Name Motoris pany	of Employer sts Mutual Ins. Com-	Occupation Vice President		 Payroll deduction of \$25 per pay
Receip	ot For:	Aggregate Year-to	o-Date 🔻	_
	Primary General Other (specify) ▼		325.00	
	ame (Last, First, Middle Initial) rry L. Forrester			Date of Receipt
Mailing	Address 7542 East Rush Ridge F	Road		M M / D D / Y Y Y Y 02 20 2009
City		State Zip	o Code	Transaction ID: SA11AI.10711
<u>Bloon</u>	nington	IN 47	7401	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		57.60
Name Motori Co.	of Employer sts Mutual Insurance	Occupation Director		 Payroll deduction of \$57 60 per pay
Receip		Aggregate Year-to	o-Date 🔻	_
	Primary General Dther (specify) ▼		230.40	
SUBTOT	AL of Receipts This Page (optional)		•	107.60
	This Period (last page this line number or			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial)		
Α.	Mr. Larry L. Forrester	Dood	Date of Receipt
	Mailing Address 7542 East Rush Ridge		03 / D D / Y Y Y Y 03 / 06 / 2009
	City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.10786 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	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 288.00]
В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridge	Road	Date of Receipt
	City	State Zip Code	03 20 2009 Transaction ID: SA11AI.10855
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60 Payroll deduction of \$57
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	60 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.60]
– C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	1	Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road	M M / D D / Y Y Y Y 0 4 0 3 2 0 0 9
	City Bloomington	State Zip Code IN 47401	Transaction ID: SA11AI.10928
	FEC ID number of contributing federal political committee.	C	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 403.20]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	172.80
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers e name and address of any political committee to	FOR LINE NUMBER: PAGE 23 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. 17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt	
	Mailing Address 7542 East Rush Ridge	0 4 / D D / Y Y Y Y Y 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.11002
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60
	Name of Employer Motorists Mutual Insurance	Occupation	Payroll deduction of \$57 60 per pay
	<u>Co.</u> Receipt For:	Director Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	460.80	
B.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	M M / D D / Y Y Y Y 05 01 2009	
	City	State Zip Code	Transaction ID: SA11AI.11088
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	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 ▼ 518.40	
С.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	e Road	05 / ^D ^D / ^Y ^Y ^Y ^Y ^Y
	City	State Zip Code	Transaction ID: SA11AI.11163
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	
	SUBTOTAL of Receipts This Page (optional)		172.80
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 73 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (n for the purpose of soliciting contributions solicit contributions from such committee.	
A .	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	M M / D D / Y Y Y Y 05 29 2009	
	City	State Zip Code	Transaction ID: SA11AI.11241
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60
	Name of Employer Motorists Mutual Insurance	Occupation Director	Payroll deduction of \$57 60 per pay
	Co. Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	633.60	
- В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	M M / D D / Y Y Y Y 06 12 2009	
	City	State Zip Code	Transaction ID: SA11AI.11318
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	Payroll deduction of \$57 60
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	691.20	
– C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	I	Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road	M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11392
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	 Payroll deduction of \$57 60 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	748.80	
ſ	SUBTOTAL of Receipts This Page (optional)	I	172.80
ľ	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 / 73 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any persor r for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND			
∡ A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack					
	Mailing Address 7494 Heffley Court	05 / D D / Y Y Y Y 05 01 2009				
	City	State	Zip Code	Transaction ID: SA11AI.11110		
	Canal Winchester	OH	43110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer The Motorists Insurance	Occupatio		Payroll deduction of \$25 per pay		
	Group Receipt For:	1	nd Asst. Secretary			
	Primary General Other (specify) ▼		225.00]		
- B.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt		
	Mailing Address 7494 Heffley Court	05 15 2009				
	City	State	Zip Code	Transaction ID: SA11AI.11188		
	Canal Winchester	OH	43110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer The Motorists Insurance Group	1 1	nd Asst. Secretary	Payroll deduction of \$25 per pay		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
- c.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt		
	Mailing Address 7494 Heffley Court			05 29 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11262		
	Canal Winchester	OH	43110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer The Motorists Insurance Group	1 1	nd Asst. Secretary	Payroll deduction of \$25 per pay		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00]		
ſ	SUBTOTAL of Receipts This Page (optional)			75.00		
f	TOTAL This Period (last page this line number	only)	·····			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 73 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
∡ ۹.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			0 6 1 2 Y Y Y Y 0 9 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11339
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer The Motorists Insurance	Occupatio		Payroll deduction of \$25 per pay
	<u>Group</u> Receipt For:	1 1	nd Asst. Secretary	
	Primary General Other (specify) ▼		300.00]
- 3.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
-	Mailing Address 7494 Heffley Court			M M / D D / Y Y Y Y 06 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.11413
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00]
-	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	1		05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.11114
	Columbus	ОН	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	Occupatio VP Life F	n Financial Operations	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00]
Γ	SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
. <u> </u>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	k		M M / D D / Y Y Y Y 05 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.11192
	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-	Occupatio		Payroll deduction of \$25 per pay
	pany Receipt For:	1 1	Financial Operations	_
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	ł		0 5 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11266
	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	Occupatio VP Life F	n Financial Operations	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) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	ł		0 6 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11343
	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	Occupatio VP Life F	n Financial Operations	 Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) •	Aggregate	e Year-to-Date ▼ 300.00]
	SUBTOTAL of Receipts This Page (optional)	I		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 28 / 73 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements main name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road			06 / 26 / Y Y Y Y 09 26 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.11417
	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-	Occupatio	n Financial Operations	Payroll deduction of \$25 per pay
	pany Receipt For:		e Year-to-Date V	_
	Primary General Other (specify)		325.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenue			M M / D D / Y Y Y Y 05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.11083
	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.	Occupatio Sr. V.P.	ⁿ Administration	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)	0 0	225.00	
– C.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenue			05 15 Y Y Y Y 095 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.11158
	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.	Occupatio Sr. V.P.	ⁿ Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			75.00
ľ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 73 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a 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) A. Mrs. Tami Jones-Fahser		Date of Receipt
Mailing Address 5729 Superior Avenue	1	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.11236
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 V	
Other (specify)	275.00	
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	1	Date of Receipt
Mailing Address 5729 Superior Avenue		0 6 1 2 Y Y Y Y Y 0 6 1 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.11313
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 ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	I	Date of Receipt
Mailing Address 5729 Superior Avenue		06 / 26 / Y Y Y Y Y 09 26 2009
City	State Zip Code	Transaction ID: SA11AI.11387
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: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	325.00	
SUBTOTAL of Receipts This Page (optional)	۱ 	75.00
TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 73 (check only one) (check 11a) X 11a 11b 11c 12 13 14
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			0 4 0 3 Y Y Y Y 0 4 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10956
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction of \$30 per pay
	Company Receipt For:	- I - I	President, CIO	
	Primary General	Aggregate	e Year-to-Date ▼ 210.00	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			04 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.11031
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupatio Sr. Vice	on President, CIO	Payroll deduction of \$30 per pay
	Company Receipt For:	1.1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00	
-).	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
-	Mailing Address 7925 Greenside Lane			05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.11117
	Worthington	OH	43235	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	^{on} President, CIO	Payroll deduction of \$30 per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		270.00	
Γ	CURTOTAL of Dessints This Date (artists)	1		90.00
┝	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	r only)		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 73 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person 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 INSURANCE C	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		05 15 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.11195
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance	Occupation	 Payroll deduction of \$30 per pay
	Company Receipt For:	Sr. Vice President, CIO	
	Primary General	Aggregate Year-to-Date	1
	Other (specify)	300.00	
в.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
Б.	Mailing Address 7925 Greenside Lane		05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11269
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	330.00	
С.	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 06 12 2009
	City	State Zip Code	Transaction ID: SA11AI.11346
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	360.00	
	SUBTOTAL of Receipts This Page (optional)	······	90.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	chedule(s) ory of the	FOR LINE NUMBER: PAGE 32 / 73 (check only one) X X 11a 11b 11c 12 13 14 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 use name and address of any politica	ed by any person al committee to so	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			06 26 Y Y Y Y 06 26 2009
	City	State Zip Code		Transaction ID: SA11AI.11420
	Worthington	OH 43235		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$30 per pay
	Company Receipt For:	Sr. Vice President, CIO		
	Primary General	Aggregate real-to-Date V		
_	Other (specify) ▼		390.00	
В.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
υ.	Mailing Address 3910 Caswell Road			$\begin{array}{c c} M & M \\ \hline 0 & 5 \end{array} \begin{pmatrix} D & D \\ 2 & 9 \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{array}$
	City	State Zip Code		Transaction ID: SA11AI.11270
	Johnstown	OH 43031		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	Occupation Vice President		per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		220.00	
с.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
	Mailing Address 3910 Caswell Road			0 6 1 2 2 0 0 9
	City	State Zip Code		Transaction ID: SA11AI.11347
	<u>Johnstown</u>	OH 43031		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President		Payroll deduction of \$20 per pay
	<u>Company</u> Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		240.00	
	SUBTOTAL of Receipts This Page (optional)	l	b	70.00
	TOTAL This Period (last page this line number		F	

		1	FOR LINE NUMBER: PAGE 33 / 73
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Dotaliou Guininary Fage	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road	06 / 26 / Y Y Y Y Y 09 2009	
	City	State Zip Code	Transaction ID: SA11AI.11421
	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	Payroll deduction of \$20
	Motorists Mutual Insurance Company	Vice President	per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	260.00	
в.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		05 / 01 / Y Y Y Y 05 / 01
	City	State Zip Code	Transaction ID: SA11AI.11119
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	 Payroll deduction of \$25 per pay
	pany	Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	225.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King	1	Date of Receipt
	Mailing Address 6934 Roundwood Ct.		05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11197
	Dublin	OH 43016	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 President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) v	250.00	
Г			
	SUBTOTAL of Receipts This Page (optional)	•••••	70.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 73 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
	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 committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		05 / 29 / Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.11271
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	275.00	
- В.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11348
	Dublin	OH 43016	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 President	 Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify)	300.00	
– C.	Full Name (Last, First, Middle Initial) Anne B. King	1	Date of Receipt
	Mailing Address 6934 Roundwood Ct.		M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11422
		OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	325.00	
Γ	SUBTOTAL of Receipts This Page (optional)		75.00
f	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usir	and Statements may not be sold or used by any persor ng the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	ICE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert D. Lambert		Date of Receipt
Mailing Address 3 Gingerwood Lar	M M / D D / Y Y Y Y 06 22 2009	
City	State Zip Code	Transaction ID: SA11AI.11379
Bettendorf FEC ID number of contributing	IA 52722	Amount of Each Receipt this Period
federal political committee.		500.00
Name of Employer Iowa Mutual Ins. Co.	Occupation	Annual Contribution
Receipt For:	Director Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
Mailing Address 728 South 29th St	treet	05 29 2009
City	State Zip Code	Transaction ID: SA11AI.11237
Manitowoc	WI 45220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	per pay
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify)	220.00	
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
Mailing Address 728 South 29th St	ireet	0 6 1 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.11314
Manitowoc	WI 45220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	 Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
SUBTOTAL of Receipts This Page (option	nal)	540.00
	nal) mber only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 / 73
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the		on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial)		
Α.	Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		0 6 2 6 Y Y Y Y 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11388
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Wilson Mutual Ins. Co.		Payroll deduction of \$20 per pay
	Receipt For:	V.P. Agency Operations Aggregate Year-to-Date	_
	Primary General		7
	Other (specify) 🔻	260.00	
в.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz		Date of Receipt
	Mailing Address 7705 Ridgeview Way		0 5 0 1 Y Y Y Y 0 5 0 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11146
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	225.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz		Date of Receipt
	Mailing Address 7705 Ridgeview Way		0 5 1 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11224
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date	_
	Other (specify)	250.00	
ſ			70.00
ŀ	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 73 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			05 / ^D D / ^Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.11298
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual	Occupatio		Payroll deduction of \$25 per pay
	Ins. Receipt For:	1 1	Chief Operating Officer	
	Primary General Other (specify) ▼		275.00]
- 3.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 06 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.11375
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	ⁿ Chief Operating Officer	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
-	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
-	Mailing Address 7705 Ridgeview Way			06 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.11449
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	1 1	Chief Operating Officer	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00]
Г		1		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 73 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may no	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIV	IC FUND	
× ۹.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge (Court		03 / D D / Y Y Y Y 03 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.10787
	Manitowoc	WI	54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00]
- 3.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	_		Date of Receipt
	Mailing Address 2135 Hunters Ridge (03 / ^D D / ^Y Y Y Y 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10856
	Manitowoc FEC ID number of contributing federal political committee.		54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date V 270.00]
;.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
-	Mailing Address 2135 Hunters Ridge (M M / D D / Y Y Y Y 04 03 2009		
	City Manitowoc	State WI	Zip Code 54220	Transaction ID: SA11AI.10929
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 315.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		135.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 73 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e 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	
⊻ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt	
	Mailing Address 2135 Hunters Ridge C	M M / D D / Y Y Y Y 04 17 2009	
	City	State Zip Code	Transaction ID: SA11AI.11003
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	360.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge C	05 01 2009	
	City	State Zip Code	Transaction ID: SA11AI.11089
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	 Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
•	Mailing Address 2135 Hunters Ridge C	Court	
	City	State Zip Code	Transaction ID: SA11AI.11164
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	135.00
ŀ	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 73 (check only one) X X 11a 11b 11c 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY C	IVIC FUND	
∡ 4.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge (Court		05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.11242
	Manitowoc FEC ID number of contributing federal political committee.		54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 495.00]
- 3.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge (Court		Date of Receipt
			7'- 0	06 12 2009
	City Manitowoc	State WI	Zip Code 54220	Transaction ID: SA11AI.11319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	
-	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge (M M / D D / Y Y Y Y 06 26 2009		
	City Manitowoc	State WI	Zip Code 54220	Transaction ID: SA11AI.11393 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	
Γ	SUBTOTAL of Receipts This Page (optional)			135.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS 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 ad	dress of any political com	ile(s) he age any person fo	FOR LINE NUMBER: PAGE 41 / 73 check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions icit contributions from such committee. 17
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 3175 Tremont Road, S	Suite 510			Date of Receipt
					03 06 2009
	City	State	Zip Code	_	Transaction ID: SA11AI.10824
	Columbus FEC ID number of contributing federal political committee.	OH C	43221]	Amount of Each Receipt this Period 50.00
	Name of Employer Motorists Mutual Ins Co. Receipt For: Primary General Other (specify)	Occupation Secretar Aggregate		.00	Payroll deduction of \$50 per pay
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 3175 Tremont Road, S	Guite 510			Date of Receipt 0 3 / 2 0 / Y Y Y Y 2 0 0 9
	City	State	Zip Code		Transaction ID: SA11AI.10894
	<u>Columbus</u> FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co.	OH C Occupatio Secretar	У]	Amount of Each Receipt this Period 50.00 Payroll deduction of \$50 per pay
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300	.00	
C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 3175 Tremont Road, S	Suite 510			Date of Receipt
	City	State	Zip Code		Transaction ID: SA11AI.10966
	Columbus	ОН	43221		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 Ins Co.	Occupatio Secretar			per pay
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date V 350	.00	
	SUBTOTAL of Receipts This Page (optional)			🕨	150.00
	TOTAL This Period (last page this line number	only)		🕨	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 73 (check only one) X X 11a 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
۷ ۹.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road,	Suite 510		04 [/] ^D 04 [/] ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.11041
	Columbus	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Secretary		Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 400.00]
- 3.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road, Suite 510			M · M / D · D / Y · Y · Y · Y Y 0 5 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11127
	Columbus FEC ID number of contributing federal political committee.	ОН	43221	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins Co.	Occupation Secretary		Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify) ▼	- I	Year-to-Date ¥ 450.00]
-	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road, Suite 510			05 15 2009
	City Columbus	State OH	Zip Code 43221	Transaction ID: SA11AI.11205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Secretary		Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify) ▼	· · ·	Year-to-Date V 500.00]
Γ	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 43 / 73 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
А.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road, S	Suite 510		M M / D D / Y Y Y Y 05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.11279
	Columbus	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Ins Co.	Occupatio Secretary		Payroll deduction of \$50 per pay
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	550.00]
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road, Suite 510			M M / D D / Y Y Y Y 06 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.11356
	Columbus	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Ins Co.	Occupatio Secretary		Payroll deduction of \$50 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		600.00	
С.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 3175 Tremont Road, S	Suite 510		06 / 26 / Y Y Y Y Y 09 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.11430
	Columbus	ОН	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Ins Co.	Occupatio Secretary		Payroll deduction of \$50 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		650.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number	only)	·····	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 44 / 73
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	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 perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	Date of Receipt	
	Mailing Address 1026 Loch Ness Avenu	Je	05 / D D / Y Y Y Y 001 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11133
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	Payroll deduction of \$25
	Motorists Mutuál Ins. Com- pany	Vice President	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	225.00	
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	9e	M M / D D / Y Y Y Y 05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11211
	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-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial)		Date of Descript
C.	Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenu	Je	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.11285
	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 President	 Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	275.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	75.00
	TOTAL This Period (last page this line number		
		,,,	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 73 (check only one)
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	Date of Receipt	
	Mailing Address 1026 Loch Ness Avenu	M M / D D / Y Y Y Y 06 12 2009	
	City	State Zip Code	Transaction ID: SA11AI.11362
	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-	Occupation Vice President	Payroll deduction of \$25 per pay
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	300.00	
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	0 6 / ^D ^D ^D ^V ^Y ^Y ^Y ^Y ^Y ^Y	
	City	State Zip Code	Transaction ID: SA11AI.11436
	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 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) Mr. Eugene Schneckloth		Date of Receipt
	Mailing Address 334 Country Club Cour P. O. Box 46	t	05 / D D / Y Y Y Y 05 / 15 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11166
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	Payroll deduction of \$125
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
s	JBTOTAL of Receipts This Page (optional)		175.00
	DTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 73
	ITEMIZED RECEIPTS		Jse separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not	t be sold or used by any persc s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	> MOTORISTS MUTUAL INSURANCE (COMPANY CIV	IC FUND	
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt		
	Mailing Address 1252 Pond Hollow Lan	1e		05 / 01 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.11134
	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	Occupation		Payroll deduction of \$25 per pay
	Company	Vice Preside		
	Receipt For: Primary General	Aggregate Yea	ar-to-Date 🔻	1
	Other (specify)	0 0 0	225.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	•		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	ıe		05 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.11212
	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	Occupation Vice Preside	nt	Payroll deduction of \$25 per pay
	<u>Company</u> Receipt For:	Aggregate Yea	_	-
	Primary General		250.00	1
-	Other (specify)	0 0 0		
C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
0.	Mailing Address 1252 Pond Hollow Lan	ie		M M / D D / Y Y Y Y 05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.11286
	New Albany	ОН	43054	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 Preside	ent	Payroll deduction of \$25 per pay
	Company Receipt For:	Aggregate Yea		
	Primary General Other (specify) ▼		275.00]
	SUBTOTAL of Receipts This Page (optional)			75.00
	TOTAL This Period (last page this line number			
		(), (), (), (), (), (), (), (), (), (),	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 73 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	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 committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow Lan		Date of Receipt
	T252 Pond Hollow Lan		0 6 / 1 2 / Y Y Y Y 0 6 / 1 2 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11363
	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	Occupation	 Payroll deduction of \$25 per pay
	Company	Vice President	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	300.00	
в.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
Б.	Mailing Address 1252 Pond Hollow Lan	e	06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11437
	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 President	 Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
0.	Mailing Address 29270 Hampshire Place	e	$\begin{array}{c c} & \text{M} & \text{M} & \text{M} \\ \hline 0 & 2 \end{array} / \begin{array}{c} D & D \\ 2 & 0 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 \end{array} 0 2 \end{array}$
	City	State Zip Code	Transaction ID: SA11AI.10713
	Westlake	OH 44145	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 ▼ 220.00	
	SUBTOTAL of Receipts This Page (optional)	·	105.00
	TOTAL This Period (last page this line number	only)	

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 73 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	03 06 2009
	City	State Zip Code	Transaction ID: SA11AI.10788
	Westlake	OH 44145	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	275.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	M M / D D / Y Y Y Y 03 20 2009
	City	State Zip Code	Transaction ID: SA11AI.10857
	Westlake	OH 44145	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:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	330.00	
- c.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	M M / D D / Y Y Y Y 04 03 2009
	City	State Zip Code	Transaction ID: SA11AI.10930
	Westlake	OH 44145	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	Aggregate Year-to-Date ▼	
	Other (specify)	385.00	
ſ	SUBTOTAL of Receipts This Page (optional) .		165.00
ľ	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 49/73
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Plac	ce		04 17 Y Y Y Y 094 17
	City	State	Zip Code	Transaction ID: SA11AI.11004
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio	n	 Payroll deduction of \$55 per pay
		Director		
	Receipt For: Primary General	Aggregate	e Year-to-Date	-
	Other (specify)	0 0	440.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Plac	ce		05 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.11090
	Westlake	OH	44145	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	n	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		495.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
0.	Mailing Address 29270 Hampshire Plac	ce		05 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.11165
	Westlake	OH	44145	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	n	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	550.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		165.00
ŀ	TOTAL This Period (last page this line number			
		(iiiy)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 73 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any page name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	05 / 29 / Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.11243
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	605.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11320
	Westlake FEC ID number of contributing	<u>OH 44145</u>	Amount of Each Receipt this Period
	federal political committee.		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	660.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	1	Date of Receipt
	Mailing Address 29270 Hampshire Pla	ce	M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11394
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary GeneralOther (specify) ▼	715.00	
	SUBTOTAL of Receipts This Page (optional) .	I	165.00
ľ	TOTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 73 (check only one) 11a X 11a 13 14 15 16 17
	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 committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		05 01 Y Y Y Y 05 01
	City	State Zip Code	Transaction ID: SA11AI.11136
	New Albany	OH 43054	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance	Occupation Senior Vice President	 Payroll deduction of \$25 per pay
	Company Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	225.00	
- В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		0 5 / ^D D D / <u>Y Y Y Y</u> 1 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11214
	New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
- С.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		05 / ^D
	City	State Zip Code	Transaction ID: SA11AI.11288
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	 Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	275.00	
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 73 (check only one)
	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 p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		0 6 1 2 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11365
	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		Payroll deduction of \$25 per pay
	Company Receipt For:	Senior Vice President Aggregate Year-to-Date	
	Primary General Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		M M / D D / Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11439
	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 Senior Vice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
– C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		0 5 0 1 Y Y Y Y 0 5 0 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11137
	Glenford	OH 43739	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:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	225.00	
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
F	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 73 (check only one) 11a X 11a 13 14 15 16 17
	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 committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		05 / D D / Y Y Y Y 05 / 15 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11215
	Glenford	OH 43739	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:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	250.00	
– В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11289
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		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)	275.00	
– c.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	1	Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 06 12 2009
	City	State Zip Code	Transaction ID: SA11AI.11366
	<u>Glenford</u>	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		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)	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	75.00
	TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page (check only one) X 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial)				1	FOR LINE NUMBER: PAGE 54 / 73
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Terman A Suphane Melling Address 68 [6 Cooks Hill Road City State City State Pect ID number of contributing federal political committee. C Name of Engloyer formany Occupation Name of Engloyer formany Occupation Name of Engloyer formany Occupation Period Other (specify) ↓ 325.00 B. Mc. Crig Trompson Maling Address 2060 Maxwell Avenue Other (specify) ↓ State City State Mere of Engloyer formany Occupation Maling Address 2060 Maxwell Avenue Other (specify) ↓ State City State Mere of Engloyer formany Occupation Melling Address Committee. Period Other (specify) ↓ C Other (specify) ↓ Occupation Assist. V. P. <th></th> <th></th> <th>Detail</th> <th>ieu Summary r age</th> <th>13 14 15 16 17</th>			Detail	ieu Summary r age	13 14 15 16 17
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) TameeA.Stephenes Maing Address 8816 Cooks Hill Road City State Zp Code City State Zp Code City Off 4 43739 Paraneol Feed Domber of contributing federal political committee Paraneol Fendower Name of Employee Moorists Mutual Insurance Occupation Paraneol Fendower Paraneol Fendower Notice President Aggregati Vear-to-Date ▼ Paraneol Fendower Paraneol Fendower Miling Address 2060 Maxwell Avenue 325.00 Paraneol Fendower B. Maing Address 2060 Maxwell Avenue Date of Receipt City State Zp Code Paraneol mitto: Paraneol mitto: Miling Address 2060 Maxwell Avenue Occupation Paraeclon tits SAI111139 Maren of Employee More (specify) State Zp Code Paraeclon tits SAI111139 Lewis Centler OH 43035 Paraeclon tits SAI111139 Paraecli Employee More (specify) Occupation Assist. V. P. Paraeclon tits SAI1AI:1217 Meing Address 2060 Maxwell Avenue Occupation Assist. V. P.		Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be s name and address of a	old or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Tarmara, A. Stephens Date of Receipt A. Mailing Address 8816 Cooks Hill Road Date of Receipt City State Zip Code Glenford OH 43738 FEC ID number of contributing reteral policieal committee. C Parsection ID: SA11AL 11440 Maine of Enclover Womperty. Occupation Payroll deduction of \$25 Parsection ID: SA11AL intrace Occupation Payroll deduction of \$25 Primary General Occupation Payroll deduction of \$25 Primary General Occupation Payroll deduction of \$25 City State Zip Code Payroll deduction of \$25 Maing Address 2060 Maxwell Avenue Transaction ID: SA11AL 11139 More of Enclover Maing Address Occupation Assist: V. P. Payroll deduction of \$25 Payroll deduction of \$25.00 Payroll deduction of \$25.00 Payroll deduction of \$25.00 Name of Enclover More space for: Occupation Assist: V. P. Payroll deduction of \$25.00 Payroll deduction of \$25.00 Payroll deduction of \$25.00 Payroll deduction of \$25.00 Payroll deduction of \$25.00 Payroll deduction of \$25.00 <th></th> <th>NAME OF COMMITTEE (In Full)</th> <th></th> <th></th> <th></th>		NAME OF COMMITTEE (In Full)			
A. Tamera A. Stephens Date of Reccipt Mailing Address B316 Cooks Hill Road Transaction Dis SA11AI.11440 City State Zip Code City State Zip Code FEC ID number of contributing federal political committee. Occupation Vice President Amount of Each Recept This Period Name of Employer Midrosts Mutual Insurance Company Receipt For: Aggregate Year-to-Date ▼ Payroll deduction of \$25 B. Mr. Craig Thompson Mailing Address Date of Receipt Date of Receipt City State Zip Code Transaction Di: SA11AI.11139 B. Mr. Craig Thompson Mailing Address Date of Receipt Transaction Di: SA11AI.11139 Account of Employer Midrosts Mutual Inscript C Transaction Di: SA11AI.11139 Account of Employer Midrosts Mutual Inscript C Transaction Di: SA11AI.11139 Account of Employer Midrosts Mutual Inscript C Transaction Di: SA11AI.11139 Account of Secopt City State Zip Code Primary General City City Transaction Di: SA11AI.11139 Account of Secopt Account of Secopt Transaction Di: SA11AI.1114 Transaction Di: SA1		MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC F	UND	
City State Zip Code Glenford OH 43739 FEC ID number of contributing C Amount of Each Receipt this Period Nerre of Employer Occupation Vice President Mecrosts Mutual Insurance Occupation Vice President Preceipt for: Aggregate Year-to-Date Payroll deduction of \$25 B. Mc reag Tompson Mailing Address 2060 Maxwell Avenue City State Zip Code Transaction ID: SA11Al.11139 Aggregate Year-to-Date Image: Sign Code Transaction ID: SA11Al.11139 Mc reag Tompson Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code Transaction ID: SA11Al.11139 Amount of Eenployer Aggregate Year-to-Date Payroll deduction of \$25 Memory in the specify in the secon Occupation Amount of Each Receipt the Period Name of Employer Aggregate Year-to-Date Payroll deduction of \$25 Primary General Occupation Amount of Each Receipt the Period More is fully and (cast, First, Middle Initial) Mc reag Tompson Transaction ID: SA11Al.111217	Α.	Tamera A. Stephens			Date of Receipt
Glenford OH 43739 FEC ID number of contributing federal policial committie. C Amount of Each Receipt this Period Marker of Employer Metorists Mutual Insurance Company: Period Other (specify) ▼ Occupation Vice President Vice President Other (specify) ▼ Payroll deduction of \$25 B. Mic raig Thompson Meting Address 2060 Maxwell Avenue Other (specify) ▼ Date of Receipt Vice President Vice President Other (specify) ▼ City State Zip Code Name of Employer Meting Address 2060 Maxwell Avenue C City State Zip Code Name of Employer Meting Address 2060 Maxwell Avenue Occupation Assist. V. P. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Assist. V. P. Payroll deduction of \$25 per pay Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction of \$25 per pay City State Zip Code Vice Y Y <th></th> <th>Mailing Address 8816 Cooks Hill Road</th> <th></th> <th></th> <th>06 26 2009</th>		Mailing Address 8816 Cooks Hill Road			06 26 2009
FEC ID number of contributing C 25.00 Name of Engloyer Occupation Payroll deduction of \$25 Main of State Aggregate Vear-to-Date Image: Company. B. Full Name (Last, First, Middle Initial) Aggregate Vear-to-Date Image: Company. B. Main of Craig Thompson Date of Receipt Image: Company. Main of Address 2060 Maxwell Avenue Image: Company. Image: Company. City State Zip Code Image: Company. FeC ID number of contributing C Image: Company. Image: Company. Main of committies C Image: Company. Image: Company. Image: Company. FeC ID number of contributing C Image: Company. Image: Company. Image: Company. Name of Engloyer Aggregate Year-to-Date Image: Company. Payroll deduction of \$25 Name of Engloyer Aggregate Year-to-Date Image: Company. Payroll deduction of \$25 Name of Engloyer Aggregate Year-to-Date Image: Company. Payroll deduction of \$25 Name of Engloyer Aggregate Year-to-Date Image: Company. Image: Company. Payroll deduction of \$25 </th <th></th> <th></th> <th>-</th> <th>Code</th> <th>Transaction ID: SA11AI.11440</th>			-	Code	Transaction ID: SA11AI.11440
rederal political committee. 20.00 Name of Employer Motorists Mutual Insurance Company Occupation Vice President Agregate Year-to-Date ▼ Payroll deduction of \$25 Primary General Other (specify) ▼ Occupation Agregate Year-to-Date ▼ Date of Receipt B. Mc. Craig Thompson Mailing Address Date of Receipt Date of Receipt City State Zip Code Transaction ID: SA11AI.11139 Amount of Each Receipt For: Paryonal deduction of \$25 Payroll deduction of \$25 Name of Employer Motorist Mutual Ins. Com- Paryon Occupation Assist. V. P. Agregate Year-to-Date ▼ Payroll deduction of \$25 FC: Dumber of contributing federal political committee. Occupation Assist. V. P. Agregate Year-to-Date ▼ Payroll deduction of \$25 For Unwhare of contributing federal political committee. Occupation Assist. V. P. Agregate Year-to-Date ▼ Date of Receipt C. Mc. Cast First, Middle Initial) Mailing Address Occupation Assist. V. P. Agregate Year-to-Date ▼ Date of Receipt Mailing Address 2060 Maxwell Avenue Occupation Assist. V. P. Agregate Year-to-Date ▼ Payroll deduction of \$25 Note of Employer Motoris Mutual Ins. Com- Paryon Motoris Mutual Ins. Com- P		Glenford	<u>OH 437</u>	739	Amount of Each Receipt this Period
Midness Multiamsurance Company Docupation Vice President per pay Receipt For: Primary General Other (specify) ▼ Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt Midness 2060 Maxwell Avenue City State Zip Code City State Zip Code Anount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Pay Name of Employer Motorists Multial Ins. Com- Pary: Primary General Occupation C Payroll deduction of \$25 Name of Employer Motorists Multial Ins. Com- Pary: Primary General Occupation C Payroll deduction of \$25 C. Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Payroll deduction of \$25 Maining Address 2060 Maxwell Avenue C Payroll deduction of \$25 City State Zip Code Payroll deduction of \$25 Maining Address 2060 Maxwell Avenue Payroll deduction of \$25 City State Zip Code Payroll deduction of \$25 Maining Address 2060 Maxwell Avenue Payroll deduction of \$25 City State			C		
Motorists Mutual Insurance Vice President Por pay Receipt For: Aggregate Year-to-Date ▼ Image: Company Aggregate Year-to-Date ▼ B. Full Name (Last, First, Middle Initial) Image: Company Date of Receipt Mailing Address 2060 Maxwell Avenue Image: Company Date of Receipt City State Zip Code Image: Company Image: Company FEC ID number of contributing tederal political committee. Image: Company		Name of Employer	Occupation		
Receipt For: Aggregate Year-to-Date ▼ Primary General B. Full Name (Last, First, Middle Initial) Mir. Grag Thompson Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 Primary General Occupation Aggregate Year-to-Date Maing Address 2060 Maxwell Avenue Payroll deduction of \$25 Name of Employer Occupation Assist. V. P. Parcelipt For: Occupation Aggregate Year-to-Date ▼ Primary General Occupation Maing Address 2060 Maxwell Avenue Z25.00 C. Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Mc. Grag Thompson Aggregate Year-to-Date ▼ Date of Receipt Maing Address 2060 Maxwell Avenue Transaction ID: SA11AL:11217 Ctity State Zip Code Payroll deduction of \$25 Maing Address 2060 Maxwell Avenue Transaction ID: SA11AL:11217 City State Zip Code Payroll deduction of \$25 Maing Address 2060 Maxwell Avenue Pagregate Year-to-Da			Vice President		per pay
Other (specify) ▼ 325.00 B. Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 PEC: ID number of contributing federal political committee. Occupation Mane of Enployer Occupation Aggregate Year-to-Date ▼ Payroll deduction of \$25 Primary General Other (specify) ▼ 225.00 C. Full Name (Last, First, Middle Initia) Mr. Craig Thompson Aggregate Year-to-Date ▼ Other (specify) ▼ 225.00 Primary General Other (specify) ▼ Occupation Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. Occupation Name of Enployer Aggregate Year-to-Date ▼ Payroll deduction of \$25 Parent of Enployer Occupation Assist: V. P. Payroll deduction of \$25 Network Mutual Ins. Com- Assist: V. P. Payroll deductio			Aggregate Year-to-	Date 🔻	
B. Full Name (Last, First, Middle Initial) M. Craig Thompson Date of Receipt Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Motorists Mutual Ins. Com- pany Aggregate Year-to-Date ▼ Paryoll deduction of \$25 Ctiv State Zip Code Date of Receipt City General 225.00 Paryoll deduction of \$25 Primary General 225.00 Paryoll deduction of \$25 Ctiv State Zip Code Date of Receipt Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code Transaction ID: SA11AL.11217 Lewis Center OH 43035 Paryoll deduction of \$25 Primary General Occupation Assist: V. P. Paryoll deduction of \$25 Primary General Occupation Assist: V. P. Paryoll deduction of \$25 Primary General Occupation Assist: V. P. Paryoll deduction of \$25				325.00	
B. Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing rederal political committee. C Amount of Each Receipt His Period Name of Employer Motorists Multual Ins. Com- pany Occupation Assist. V. P. Aggregate Year-to-Date ▼ Payroll deduction of \$25 Aggregate Year-to-Date ▼ Payroll deduction of \$25 C. Full Name (Last, First, Middle Initial) Date of Receipt Miling Address 2060 Maxwell Avenue Miling Address City State Zip Code Mailing Address 2060 Maxwell Avenue Transaction ID: SA11AL:11217 Aggregate Year-to-Date Transaction ID: SA11AL:11217 Amount of Each Receipt His Period City State Zip Code Transaction ID: SA11AL:11217 Amount of Each Receipt His Period 25.00 Payroll deduction of \$25 Name of Employer Motorists Multual Ins. Com- pany Aggregate Year-to-Date ▼ Payroll deduction of \$25 Name of Employer Per pay Aggregate Year-to-Date ▼ Payroll deduction of \$25 Payroll deduction of \$25 Per pay Pay		Other (specity) ▼	0 0 0 0		
Mailing Åddress 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.11139 Name of Employer Motorists Mutual Ins. Com- pany Occupation Assist. V. P. Aggregate Year-to-Date ▼ Primary General 015 / 2.0.09 Ct Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 2060 Maxwell Avenue 05 / 15 / 2.0.09 Cty State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. Date of Receipt Other (specify) ▼ State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Payroll deduction of \$25 Name of Employer Motorists Mutual ins. Com- pany Occupation Assist. V. P. Payroll deduction of \$25 Name of Employer Primary General Occupation Assist. V. P. Payroll deduction of \$25 Name of Employer Primary General Occupation Assist. V. P. Payroll deduction of \$25	Р				Data of Dessist
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FEC ID number of contributing federal political committee. C 25.00 Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Occupation Assist. V. P. Payroll deduction of \$25 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction of \$25 Full Name (Last, First, Middle Initial) Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code FEC ID number of contributing federal political committee. Date of Receipt Mailing Address 2060 Maxwell Avenue 0 City State Zip Code FEC ID number of contributing federal political committee. Occupation Assist. V. P. Amount of Each Receipt this Period PEC ID number of contributing federal political committee. Occupation Assist. V. P. Payroll deduction of \$25 Name of Employer Motorists Mutual Ins. Com- pany Primary General Other (specify) ▼ Occupation Assist. V. P. Payroll deduction of \$25 SUBTOTAL of Receipts This Page (optional) 250.00 75.00		City	State Zip	Code	Transaction ID: SA11AI.11139
federal political committee. C Name of Employer Motorists Mulual Ins. Com- pany Occupation Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 225.00 C. Full Name (Last, First, Middle Initial) Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Motorists Mulual Ins. Com- pany Occupation Assist. V. P. Name of Employer Motorists Mulual Ins. Com- pany Occupation Assist. V. P. Receipt For: Occupation Assist. V. P. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Assist. V. P. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Assist. V. P. Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) 250.00		Lewis Center	OH 430	035	Amount of Each Receipt this Period
Mathe of Employer pany Receipt For: Other (specify) ▼ Occupation Assist. V. P. Aggregate Year-to-Date ▼ per pay Aggregate Year-to-Date ▼ 225.00 Date of Receipt C. Full Name (Last, First, Middle Initial) Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Ins. Com- pany Occupation Assist. V. P. Receipt For: Primary General Occupation Assist. V. P. Payroll deduction of \$25 Per pay SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ T5.00			C		
pany Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ C. Full Name (Last, First, Middle Initial) Mr. Craig Thompson Date of Receipt Mailing Address 2060 Maxwell Avenue Date of Receipt City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Payroll deduction of \$25 per pay Name of Employer Motorists Mutual Ins. Company Aggregate Year-to-Date ▼ Payroll deduction of \$25 per pay Receipt For: Aggregate Year-to-Date ▼ Transaction of \$25 per pay SUBTOTAL of Receipts This Page (optional) T5.00		Name of Employer Motorists Mutual Ins. Com-			
Primary General Other (specify) ▼ 225.00 C. Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Name of Employer Occupation Aggregate Year-to-Date Payroll deduction of \$25 Primary General 250.00 SUBTOTAL of Receipts This Page (optional) 75.00		pany			_
Other (specify) ▼ 225.00 Full Name (Last, First, Middle Initial) Date of Receipt Mr. Craig Thompson Date of Receipt Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C 25.00 Name of Employer Motorists Multual Ins. Com- pany Occupation Assist. V. P. Aggregate Year-to-Date Payroll deduction of \$25 SUBTOTAL of Receipts This Page (optional) 75.00 75.00 75.00			Aggregate Year-to-	Date V	
C. Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Motorists Multual Ins. Company Occupation Assist. V. P. Aggregate Year-to-Date ▼ Primary General Qfher (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)				225.00	
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City State Zip Code Transaction ID: SA11AI.11217 Lewis Center OH 43035 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 25.00 Name of Employer Motorists Multual Ins. Company Occupation Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary Other (specify) ▼ 250.00 75.00	0.				- '
Lewis Center OH 43035 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 Assist. V. P. Payroll deduction of \$25 per pay Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) T5.00					
FEC ID number of contributing federal political committee. C 25.00 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Payroll deduction of \$25 per pay Receipt For: Aggregate Year-to-Date ▼ Payroll deduction of \$25 per pay Other (specify) ▼ 250.00 75.00		-			
federal political committee. 23.00 Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Occupation Assist. V. P. Primary General Other (specify) ♥ 250.00			<u>OH 430</u>)35	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com- pany Occupation Assist. V. P. per pay Receipt For: Aggregate Year-to-Date ▼ Other (specify) 250.00 75.00			C		
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ♥ 250.00 SUBTOTAL of Receipts This Page (optional) 75.00					
Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 75.00				Date V	1
SUBTOTAL of Receipts This Page (optional) 75.00		Primary General	33 3		
		Other (specify) ▼		250.00	
TOTAL This Period (last page this line number only)		SUBTOTAL of Receipts This Page (optional)			75.00
		TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 73 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11291
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	275.00	
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	•	Date of Receipt
υ.	Mailing Address 2060 Maxwell Avenue		0 6 1 2 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11368
	Lewis Center	OH 43035	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 Assist. V. P.	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
-	Mailing Address 2060 Maxwell Avenue		M M / D D / Y Y Y Y Y 06 26 2009
	City	State Zip Code	Transaction ID: SA11AI.11442
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
	SUBTOTAL of Receipts This Page (optional)	۱ ۱	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 Statements may not be sold or used by any per	FOR LINE NUMBER: PAGE 56 / 73 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions 11 11 11
	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 solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Bun Blyd		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd		05 01 Y Y Y Y Y 05 01
	City	State Zip Code	Transaction ID: SA11AI.11141
	Hilliard	OH 43026	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 Insurance	Occupation	per pay
	Company Receipt For:	Vice President Aggregate Year-to-Date	
	Primary General Other (specify) ▼	225.00	
В.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd		05 [/] 15 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.11219
	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:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	250.00	
С.	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvd		05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11293
	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:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	275.00	
	SUBTOTAL of Receipts This Page (optional) .	1	75.00
	TOTAL This Period (last page this line number		•

			1	FOR LINE NUMBER: PAGE 57 / 73
	SCHEDULE A (FEC Form 3X)		ate schedule(s) ategory of the	(check only one)
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				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold of name and address of any po	r used by any perso olitical committee to	n tor the purpose of soliciting contributions solicit contributions from such committee.
	> MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND)	
Α.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blvd.			M M / D D / Y
	City	State Zip Code	9	Transaction ID: SA11AI.11370
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	25.00
	Name of Employer	Occupation		Payroll deduction of \$25
	Motorists Mutual Insurance Company	Vice President		per pay
	Receipt For:	Aggregate Year-to-Date	▼	_
	Primary General		300.00	
	Other (specify)	0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
υ.	Mailing Address 3249 Scioto Run Blvd.			M M / D D / Y Y Y Y
				06 26 2009
	City Hilliard	State Zip Code OH 43026)	Transaction ID: SA11AI.11444
			0 0	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation		Payroll deduction of \$25
	Motorists Mutual Insurance Company	Vice President		per pay
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General		325.00	
	Other (specify)	0 0 0 0 0	323.00	
C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
0.	Mailing Address 7105 Lakebrook Blvd.			
				05 29 2009
	City	State Zip Code)	Transaction ID: SA11AI.11294
	Columbus	<u>OH 43235</u>		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction of \$20 per pay
	Company	Vice President	_	4
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify) ▼		220.00	
	SUBTOTAL of Receipts This Page (optional)			70.00
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	TOTAL This Period (last page this line number of	only)	►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 58 / 73 (check only one)
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	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
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11371
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	 Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	240.00	
- B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		06 / 26 / Y Y Y Y 09 2009
	City	State Zip Code	Transaction ID: SA11AI.11445
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	 Payroll deduction of \$20 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	260.00	
- С.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		03 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.10854
	<u>Sheboygan</u>	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	240.00	
	SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	80.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 73 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		
۷ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street	t	0 4 0 3 Y Y Y Y Y 0 4 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10927
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	280.00	
– B.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western	I	Date of Receipt
	Mailing Address 5203 South 8th Street	t	0 4 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11001
	<u>Sheboygan</u>	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	 Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	320.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street	t	0 5 0 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11087
	<u>Sheboygan</u>	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	 Payroll deduction of \$40 per pay
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	360.00	
Γ			120.00
┝	SUBTOTAL of Receipts This Page (optional) .	•••••	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political comm	ittee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
			05 15 2009
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.11162
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.0	00
В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street		Date of Receipt
			05 29 2009
	City Shebovgan	State Zip Code WI 53081	Transaction ID: SA11AI.11240
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction of \$40 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.0	00
С.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		0 6 1 2 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11317
	<u>Sheboygan</u>	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00 Payroll deduction of \$40
	Name of Employer Wilson Mutual Ins. Company	Occupation President	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.0	00
	SUBTOTAL of Receipts This Page (optional)		120.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)			to cohodulo(a)	FOR LINE NUMBER: PAGE 61 / 73
			for each cat	te schedule(s) tegory of the	(check only one) X 11a 11b 11c 12
			Detailed Su	mmary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	ay not be sold or Idress of any po	used by any perso litical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)				
	MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND		
, А.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western				Date of Receipt
	Mailing Address 5203 South 8th Street				M M / D D / Y Y Y Y 06 26 2009
	City	State	Zip Code		Transaction ID: SA11AI.11391
	Sheboygan	WI	53081		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer Wilson Mutual Ins. Company	Occupatio	on		Payroll deduction of \$40 per pay
		Presider	-		
	Receipt For: Primary General	Aggregat	e Year-to-Date	▼	
	Other (specify) ▼	0 0	0 0 0 0	520.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of Receipt
	Mailing Address 5519 Medallion Drive V	۷.			M M / D D / Y Y Y Y 04 03 2009
	City	State	Zip Code		Transaction ID: SA11AI.10981
	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	Occupatio			 Payroll deduction of \$30 per pay
	Company Receipt For:		/ice President		_
	Primary General	Aggregat	e Year-to-Date		1
	Other (specify)	0 0		210.00	
- С.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of Receipt
0.	Mailing Address 5519 Medallion Drive V	۷.			M M / D D / Y Y Y Y
	City	State	Zip Code		04172009 Transaction ID: SA11AI.11057
	Westerville	ОН	43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Motorists Mutual Insurance	Occupatio			Payroll deduction of \$30 per pay
	Company Receipt For:		/ice President		_
	Primary General	Aggregat	e Year-to-Date	1 1 1 1	1
	Other (specify)		0 0 0 0	240.00	
	SUBTOTAL of Receipts This Page (optional)			•	100.00
	TOTAL This Period (last page this line number of				
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A		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
٨.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	05 01 YYYY 2009
	City	State Zip Code	Transaction ID: SA11AI.11143
	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	Occupation	Payroll deduction of \$30 per pay
	Company Receipt For:	Senior Vice President Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	270.00]
	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	M M / D D / Y Y Y Y 05 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11221
	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	Occupation Senior Vice President	Payroll deduction of \$30 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00]
	Full Name (Last, First, Middle Initial) Charles A. Wickert	1	Date of Receipt
	Mailing Address 5519 Medallion Drive	W.	M M / D D / Y Y Y Y 05 29 2009
	City	State Zip Code	Transaction ID: SA11AI.11295
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00 Payroll deduction of \$30
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	per pay
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	330.00	
Γ	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line numbe		

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 73 (check only one)
	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive V	Ν.		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11372
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupatio	on	Payroll deduction of \$30
	Motorists Mutual Insurance Company		/ice President	per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			1
	Other (specify) v	0 0	360.00	
- -	Full Name (Last, First, Middle Initial)			Data of Descript
В.	Charles A. Wickert Mailing Address 5519 Medallion Drive V	N/		Date of Receipt
	Maining Address 5519 Medallion Drive V	/v.		06 26 Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.11446
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupatio	n	 Payroll deduction of \$30 per pay
	Motorists Mutuál Insurance Company	Senior V	/ice President	por pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	390.00]
- C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
0.	Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y 0 3 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.10911
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer	Occupatio	on	Payroll deduction of \$35 per pay
	Motorists Mutuál Insurance Company	Treasure	er	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	210.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		95.00
┢				
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 73 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17
or f	or commercial purposes, other than using the	tatements may not be sold or used by any persor 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	
A	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 0 4 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10983
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing iederal political committee.	C	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)	245.00	
	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
l	Mailing Address 90 Timberknoll Loop		0 4 / D D / Y Y Y Y 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11059
-	Powell	OH 43065	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 ▼ 280.00	
	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
-	Mailing Address 90 Timberknoll Loop		05 01 2009
	City	State Zip Code	Transaction ID: SA11AI.11145
-	Powell	OH 43065	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:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	315.00	
su	BTOTAL of Receipts This Page (optional)	L	105.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		05 15 Y Y Y Y 095 15 2009
	City	State Zip Code	Transaction ID: SA11AI.11223
	Powell	OH 43065	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:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
- В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11297
		OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	per pay
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	385.00	
с.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		0 6 / D D / Y Y Y Y 1 2 2009
	City	State Zip Code	Transaction ID: SA11AI.11374
	Powell	OH 43065	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	
	SUBTOTAL of Receipts This Page (optional)		105.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any p dress of any political committe	r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
	Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y 06 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.11448
	Powell	OH	43065	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 Treasure		Payroll deduction of \$35 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 455.00	D

SUBTOTAL of Receipts This Page (optional)	►	35.00
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LINE eck onl	NUMBE	R:				PA	GE	67 /	73
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b			8c		25 29	
ny Information copied from such Reports and Statem for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	and address of any political												3
Full Name (Last, First, Middle Initial)								_					
Jordan for Congress						of Di	sbur	ser	SB nent	23.1			
Mailing Address 2160 Kettering Tower						М		0	9	Y	ź	0 ð s)
	StateZip CodeOH45423				Amou	nt of	Eac	h [Disbu	irser	0	-	
Purpose of Disbursement Contribution 011											100	00.00)
Candidate Name Jordan for Congress			atego Type										
5	ment For: 2009 Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) NAMIC PAC					Trans Date	of Di	sbur	ser	nent	23.1			
Mailing Address 122 C Street, NW, Suite	540				0 2	M		0	2	Y	ź	0 ò s)
,	State Zip Code DC 20001				Amou	nt of	Eac	h [Disbu	irser	0	-	
Purpose of Disbursement 2009 NAMIC PAC Contribution			011								50	00.00)
Candidate Name NAMIC PAC	C PAC												
° –	ment For: 2009 Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) Portman for Senate					Trans Date				-	23.1	113	05	
Mailing Address 211 South Fifth St.						M	D	0	^D /9	Y	ž	o ò s	€,
,	State Zip Code OH 43215				Amou	nt of	Eac	h [Disbu	irser	nent	t this I	Perio
Purpose of Disbursement Political Contribution			011		L.						5	00.00)
Candidate Name Portman for Senate	ory/ Ə												
Office Sought: House Disburse X Senate President State: OH District:	ment For: 2009 Primary X General Other (specify) ▼												
SUBTOTAL of Disbursements This Page (optional) .				►				,			650	0.00)
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		B (FEC Form 3 SBURSEMEN	•		arate schedule(s) category of the					NUMB one)	ER:			PA	GE	68 /	73
					Summary Page			21 27		22 28a		23 28b		24 28c	X	25 29	
		ed from such Reports poses, other than usir															6
· · · · ·		/ITTEE (In Full)	ig the name														
∕м	IOTORISTS I	MUTUAL INSURAN	ICE COM	PANY CI	VIC FUND												
	Full Name (Last, First, Middle Initial) Batchelder for Representative Committee										ion ID isburs	eme	-	1099	91		
Μ	Mailing Address 105 West Liberty Street								[™] 4	Μ.	/ D	0 9	/ Y	ž	٥òs) ^Y	
	ity Iedina			State OH	Zip Code 44256					Amo	unt c	f Each	ו Disl	burse	-		
Po	Purpose of Disbursement Political Contribution 01						011			L					50	00.00)
B		Representative Co				С	ateg Typ		, 								
	office Sought:	X House Senate President		ment For: Primary Other (spe	2009 General ecify) ▼												
	tate: OH	District: 69															
	Citizens for Bu	First, Middle Initial) ehrer										ion ID isburs	eme	-	-		V
М	lailing Address	319 East Elm S	treet							0 4			3 0 ^D		ź	o ò s)
	ity Vauseon			State OH	Zip Code 43567					Amo	unt c	f Each	ו Disl	burse			
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	tate: OH ull Name (Last	District: 01 First, Middle Initial)								T				Doo	110	20	
	Citizens for Ho									Date	of D	ion ID isburs	eme		V		Y
_	lailing Address	386 Sabrecutt E	Drive							[™] 5			2 6			0 Ó 9	
Ν	ity Iewark			State OH	Zip Code 43055					Amo	unt c	f Each	וDisl	burse		this f	
Po	urpose of Disbu olitical Contribut andidate Name						01								່ວເ	JU.UC	
	itizens for Ho	ttinger				U	ateg Typ										
	Office Sought: X House Disbursement For: 2009 Senate Primary X General President Other (specify) ▼																
St	tate: OH	District: 71															
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LINE eck only	NUMBE	R:			PAG	GE 69	9 / 7:	3
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b		Bc [25 X 29	9	
Any Information copied from such Reports and State or for commercial purposes, other than using the nar												
NAME OF COMMITTEE (In Full)		COLL	mue	e lo so		ibuti	ons m	om suc		mmute	ee	
	MPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon					Date	of Di	sburs	: SB2 ement	29.1 ⁻			
Mailing Address 5325 Ponderosa Drive					0 ^M 6	M	DC) ^D /2	Ľ	ž0	0 ⁹	Ŷ
City Columbus	StateZip CodeOH43231				Amou	int of	Each	Disbu	rsem		-	erioc
Purpose of Disbursement Political Contribution 011										350.	.00	
Candidate Name Citizens for Kevin Bacon			itego Fype	-								
Office Sought: X House Disburs Senate President State: OH District: 21	eement For: 2009 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial)					Trans	acti	on ID [.]	: SB2	29.1	1066		
Citizens for Wagoner					Date		sburs	ement				V
Mailing Address 7445 Airport Highway					[™] 4		2	27	Ľ	ž0	0 ⁹	Ť
City Holland	StateZip CodeOH43528				Amou	int of	Each	Disbu	rsem			erio
Purpose of Disbursement Political Contribution			011		L.					500.	.00	
Candidate Name Citizens for Wagoner			tego Type									
Ŭ de la constante de la consta	Sement For: 2009 K Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Citizens for Zehringer								: SB2 ement	29.10	0772		
Mailing Address 2191 Oak Street					0 ^M 2	M	D 2	2 4	Y	² 0	ò 9	Y
City Maria Stein	State Zip Code OH 45860				Amou	int of	Each	Disbu	rsem	ent th	is Pe	erio
Purpose of Disbursement Political Contribution			011		L.					250.	.00	
Candidate Name Citizens for Zehringer			itego Fype	-								
5 <u>x</u>	Sement For: 2009 ✓ Primary General Other (specify) ▼											
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 70 / 73				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 23 24 25 27 27 28a 28b 28c X 29 1				
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND					
Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd		Transaction ID: SB29.11149 Date of Disbursement				
Mailing Address 106 N. Main St.	Mailing Address 106 N. Main St.					
City New Lexington	State Zip Code OH 43764	Amount of Each Disbursement this Perio				
Purpose of Disbursement Political Contribution		500.00				
Candidate Name Citizens to Elect Dan Dodd Office Sought: House D		tegory/ ¯ype				
State: District: 91	X Primary General Other (specify)					
Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd		Transaction ID: SB29.11452 Date of Disbursement				
Mailing Address 106 N. Main St.		$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \begin{array}{c} 6 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 2 \end{array} \begin{array}{c} D \\ 5 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \\ 9 \end{array} \end{array}$				
City New Lexington	State Zip Code OH 43764	Amount of Each Disbursement this Perio				
Purpose of Disbursement Political Contribution		011				
Candidate Name Citizens to Elect Dan Dodd	Т	tegory/ ¯ype				
Office Sought: House D Senate President State: District: 91	sbursement For: 2009 Primary X General Other (specify) ▼					
Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney	,	Transaction ID: SB29.11378 Date of Disbursement				
Mailing Address 357 East Torrence	Road	0 ^M 6 ^M / ^D 1 ^D / ^Y 2 ^Y 9 ^Y 9 ^Y				
City Columbus	State Zip Code OH 43214	Amount of Each Disbursement this Perio				
Purpose of Disbursement Political Contributions		500.00				
Candidate Name Citizens to Elect John Patrick Carney		tegory/ Type				
Office Sought: X House D Senate President State: OH District: 22						
SUBTOTAL of Disbursements This Page (op	ional)	► 2000.00				
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TEMIZED DISBURSEMENTS for each category of the brailed Summary Page image brailed Summary Page	ITEMIZED DISBURSEMENTS for each category of the Dataled Summary Page [1000 AU (100 m) 27 2 28 28 28 28 28 28 28 28 28 28 28 28 2	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				R:		P	AGE	71/7	′3
for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MotTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Committee for Jim Hughes Maling Address 14 East Gay Street 2nd Floor Chy Committee for Jim Hughes 011 Category: Transaction ID: SB29,11068 20 0 0 9	ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initia) Committee for Jim Hughes Full Name (Last, First, Middle Initia) Committee to Elect Chris Widener Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Committee to Elect Chris Widener Candidate Name Committee to Elect Chris Widener Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Committee to Elect Chris Widener Candidate Name Committee to Elect Chris Widener Committee to Elect Chris Widener Candidate Name Committee to Elect Chris Widener Committee to Elect Niehaus Committee to Elect Nieha	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22		о С				
Full Name (Last, First, Middle Initial) Transaction ID: SB29,11068 Committee for Jim Hughes Date of Disbursement Mailing Address 14 East Gay Street City State Purpose of Disbursement OH Political Contribution 011 Cardidate Name 011 Committee for Jim Hughes 011 Cardidate Name 011 Committee for Jim Hughes Disbursement For: 2009 Office Sought: X House President Other (specify) Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener Mailing Address 23 South Center Street City State Office Sought: House President Other (specify) Office Sought: House Purpose of Disbursement Other (specify) City State City State Committee to Elect Chris Widener 011 Candidate Name Other (specify) Committee to Elect Niehaus Other (specify) Mailing Address 1131 Little Indiana Creek Road C	Full Name (Last, First, Middle Initial) Transaction ID: SB29.11068 Committee for Jim Hughes Date of Disbursement Mailing Address 14 East Gay Street City State Purpose of Disbursement O11 Committee for Jim Hughes Disbursement Pro: 2009 Office Sought: X House President Disbursement Pro: 2009 X President President State: OH District: 22 Purpose of Disbursement President State: OH District: 23 Purpose of Disbursement O11 Cardidate Name O11 Candidat Name O11 Candidate Name Distrusement For: 2009 Purpose of Disbursement Distresment For: 2009 Purpose of Disbursement Distursement For: 2009 Purpose of Disbursement Distresment For: 2009 Purpose of Disbursement District: 10 Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initia	or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political									
Committee for Jim Hughes Date of Disbursement Mailing Address 14 East Gay Street 2nd Floor OH City State Culvation OH Columbus OH Purpose of Disbursement 011 Pointice Columbus OH Condidate Name 011 Condidate Name 011 Condidate Name Disbursement For: Committee for Jim Hughes Disbursement For: Senate President State: OH District: 22 Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener Mailing Address 23 South Center Street City State OH Springfield OH 45502 Purpose of Disbursement Other (specify) ▼ Committee to Elect Chris Widener 011 Committee to Elect Chris Widener 011 Committee to Elect NeisAus Disbursement For: Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) Committee to Elect Niehaus Committee to Elect Niehaus Other (specify)	Committee for Jim Hughes Date of Disbursement Maing Address 14 East Gay Street 2nd Filoor OH City OH Columbus OH Columbus OH Columbus OH Columbus OH Columbus OH Conditate Name OI1 Candidate Name Category Committee for Jim Hughes Disbursement For: Committee for Jim Hughes Disbursement For: Committee to Elect Chris Widener Other (specify) ▼ Full Name (Last. First, Middle Initial) Transaction ID: SB29.11074 Candidate Name Other (specify) ▼ City Senate Springfield OH Other (specify) ▼ Amount of Each Disbursement for: Committee to Elect Chris Widener Category/ Type Office Sought: House President State: OH District: 10 Elect Chris Widener Committee to Elect Niehaus District: 10 Full Name (Last. First, Middle Initial) Committee to Elect Niehaus Committee to Elect Niehaus <td< td=""><td></td><td colspan="7"></td><td>.1106</td><td>68</td><td></td></td<>									.1106	68	
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