

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Michael L. Wiseman Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 07 09 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 17121.68 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning 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

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 | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 20579.80 | 20579.80 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 20579.80 | 20579.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 20579.80 | 20579.80 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 28.00 | 28.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 28.00 | 28.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 6500.00 | 6500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 8050.00 | 8050.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 14578.00 | 14578.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14578.00 | 14578.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 03 / 2009 |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10931 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.00 | <input type="text"/> 30.00 |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 17 / 2009 |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11005 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 240.00 | <input type="text"/> 30.00 |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2009 |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11091 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 270.00 | <input type="text"/> 30.00 |
| | | | Payroll deduction of \$30 per pay |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 90.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11168 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="300.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11244 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael J. Agan | | Date of Receipt |
| | Mailing Address 5658 Tynecastle Loop | | <input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Dublin | OH | 43016 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11321 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation VP Life Operations | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="360.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="90.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 73
(check only one)

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

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

A.

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 26 / 2009
Transaction ID: SA11AI.11395

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

B.

Full Name (Last, First, Middle Initial)
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 06 / 2009
Transaction ID: SA11AI.10641

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

C.

Full Name (Last, First, Middle Initial)
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 20 / 2009
Transaction ID: SA11AI.10716

Amount of Each Receipt this Period 80.00

Payroll deduction of \$80 per pay

SUBTOTAL of Receipts This Page (optional) 190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 73
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Insurance Co.</p> <p>Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2009</p> <p>Transaction ID: SA11AI.10790</p> <p>Amount of Each Receipt this Period 80.00</p> <p>Payroll deduction of \$80 per pay</p> |
|--|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Insurance Co.</p> <p>Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2009</p> <p>Transaction ID: SA11AI.10860</p> <p>Amount of Each Receipt this Period 80.00</p> <p>Payroll deduction of \$80 per pay</p> |
|--|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Insurance Co.</p> <p>Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 560.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2009</p> <p>Transaction ID: SA11AI.10932</p> <p>Amount of Each Receipt this Period 80.00</p> <p>Payroll deduction of \$80 per pay</p> |
|--|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 240.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) John J. Bishop | Date of Receipt MM / DD / YYYY 04 / 17 / 2009 |
| | Mailing Address 1390 Picardae Court | Transaction ID: SA11AI.11006 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$80 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 640.00 |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) John J. Bishop | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 1390 Picardae Court | Transaction ID: SA11AI.11092 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$80 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 720.00 |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) John J. Bishop | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 1390 Picardae Court | Transaction ID: SA11AI.11169 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$80 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 240.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 73
(check only one)

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

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

| | | | | | |
|-----------|---|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) John J. Bishop | | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 | | |
| | Mailing Address 1390 Picardae Court | | Transaction ID: SA11AI.11245 | | |
| | City Powell | State OH | Zip Code 43065 | Amount of Each Receipt this Period 80.00 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$80 per pay | | |
| | Name of Employer Motorists Mutual Insurance Co. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 880.00 | | | |

| | | | | | |
|-----------|---|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) John J. Bishop | | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 | | |
| | Mailing Address 1390 Picardae Court | | Transaction ID: SA11AI.11322 | | |
| | City Powell | State OH | Zip Code 43065 | Amount of Each Receipt this Period 80.00 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$80 per pay | | |
| | Name of Employer Motorists Mutual Insurance Co. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 960.00 | | | |

| | | | | | |
|-----------|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) John J. Bishop | | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 | | |
| | Mailing Address 1390 Picardae Court | | Transaction ID: SA11AI.11396 | | |
| | City Powell | State OH | Zip Code 43065 | Amount of Each Receipt this Period 80.00 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$80 per pay | | |
| | Name of Employer Motorists Mutual Insurance Co. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 1040.00 | | | |

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard B. Bowers

Mailing Address S86 W33540 Short Drive

City State Zip Code
Mukwonago WI 53149-9306

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

Name of Employer Occupation
Iowa Mutual Ins. Co. Director

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

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 15 / 2009

Transaction ID: SA11AI.11227

Amount of Each Receipt this Period
125.00

Payroll deduction of \$125 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 29 / 2009

Transaction ID: SA11AI.11230

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

C. Full Name (Last, First, Middle Initial)
Mrs. Annette Braet

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Info Tech.

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2009

Transaction ID: SA11AI.11307

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mrs. Annette Braet

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 26 / 2009
Transaction ID: SA11AI.11381
 Amount of Each Receipt this Period: 20.00
 Payroll deduction of \$20 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: SA11AI.11098
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: SA11AI.11175
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Grady Campbell | | Date of Receipt |
| | Mailing Address 5760 Whispering Trail | | <input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Vice President | Transaction ID: SA11AI.11250 Amount of Each Receipt this Period <input type="text" value="25.00"/> Payroll deduction of \$25 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="275.00"/> | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Grady Campbell | | Date of Receipt |
| | Mailing Address 5760 Whispering Trail | | <input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Vice President | Transaction ID: SA11AI.11327 Amount of Each Receipt this Period <input type="text" value="25.00"/> Payroll deduction of \$25 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="300.00"/> | |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Grady Campbell | | Date of Receipt |
| | Mailing Address 5760 Whispering Trail | | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Vice President | Transaction ID: SA11AI.11401 Amount of Each Receipt this Period <input type="text" value="25.00"/> Payroll deduction of \$25 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="325.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="75.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) John D. Coffman | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 7042 Tralee Drive | Transaction ID: SA11AI.11099 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Tax Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) John D. Coffman | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 7042 Tralee Drive | Transaction ID: SA11AI.11176 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Tax Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) John D. Coffman | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 7042 Tralee Drive | Transaction ID: SA11AI.11251 |
| | City State Zip Code Dublin OH 43017 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Tax Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 73
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 12 / 2009
Transaction ID: SA11AI.11328
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 26 / 2009
Transaction ID: SA11AI.11402
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

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

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 01 / 2009
Transaction ID: SA11AI.11079
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 73
(check only one)

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

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

A.

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

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: SA11AI.11154
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

B.

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

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 29 / 2009
Transaction ID: SA11AI.11232
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

C.

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

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 12 / 2009
Transaction ID: SA11AI.11309
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: SA11AI.11383

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: SA11AI.11102

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11AI.11179

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 73
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.11254
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009
Transaction ID: SA11AI.11331
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 26 / 2009
Transaction ID: SA11AI.11405
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 73

(check only one)

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

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

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

A.

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 01 / 2009

Transaction ID: SA11AI.11104

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2009

Transaction ID: SA11AI.11182

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.11256

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) 75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009

Transaction ID: SA11AI.11333

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 26 / 2009

Transaction ID: SA11AI.11407

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.40

Date of Receipt 02 / 20 / 2009

Transaction ID: SA11AI.10711

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60 per pay

SUBTOTAL of Receipts This Page (optional) ► 107.60

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 7542 East Rush Ridge Road | Transaction ID: SA11AI.10786 |
| | City State Zip Code Bloomington IN 47401 | Amount of Each Receipt this Period 57.60 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$57.- 60 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 7542 East Rush Ridge Road | Transaction ID: SA11AI.10855 |
| | City State Zip Code Bloomington IN 47401 | Amount of Each Receipt this Period 57.60 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$57.- 60 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.60 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | Date of Receipt MM / DD / YYYY 04 / 03 / 2009 |
| | Mailing Address 7542 East Rush Ridge Road | Transaction ID: SA11AI.10928 |
| | City State Zip Code Bloomington IN 47401 | Amount of Each Receipt this Period 57.60 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$57.- 60 per pay |
| | Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.20 | |

| | | |
|--|---|--------|
| 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 23 / 73

(check only one)

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

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

| | | | | | |
|---|---|------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | | Date of Receipt MM / DD / YYYY 04 / 17 / 2009 | | |
| | Mailing Address 7542 East Rush Ridge Road | | Transaction ID: SA11AI.11002 | | |
| | City Bloomington | State IN | Zip Code 47401 | Amount of Each Receipt this Period 57.60 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$57.- 60 per pay | | |
| | Name of Employer Motorists Mutual Insurance Co. | Occupation Director | Aggregate Year-to-Date 460.80 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 | | |
| | Mailing Address 7542 East Rush Ridge Road | | Transaction ID: SA11AI.11088 | | |
| | City Bloomington | State IN | Zip Code 47401 | Amount of Each Receipt this Period 57.60 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$57.- 60 per pay | | |
| | Name of Employer Motorists Mutual Insurance Co. | Occupation Director | Aggregate Year-to-Date 518.40 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester | | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 | | |
| | Mailing Address 7542 East Rush Ridge Road | | Transaction ID: SA11AI.11163 | | |
| | City Bloomington | State IN | Zip Code 47401 | Amount of Each Receipt this Period 57.60 | |
| | FEC ID number of contributing federal political committee. C | | Payroll deduction of \$57.- 60 | | |
| | Name of Employer Motorists Mutual Insurance Co. | Occupation Director | Aggregate Year-to-Date 576.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

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)

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

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

A.

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Motorists Mutual Insurance Co. Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 633.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.11241

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60 per pay

B.

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Motorists Mutual Insurance Co. Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 691.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.11318

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60

C.

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Motorists Mutual Insurance Co. Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 748.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11392

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60 per pay

SUBTOTAL of Receipts This Page (optional) ▶

172.80

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 7494 Heffley Court | Transaction ID: SA11AI.11110 |
| | City State Zip Code Canal Winchester OH 43110 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer The Motorists Insurance Group | Occupation Sr. VP and Asst. Secretary | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 7494 Heffley Court | Transaction ID: SA11AI.11188 |
| | City State Zip Code Canal Winchester OH 43110 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer The Motorists Insurance Group | Occupation Sr. VP and Asst. Secretary | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 7494 Heffley Court | Transaction ID: SA11AI.11262 |
| | City State Zip Code Canal Winchester OH 43110 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer The Motorists Insurance Group | Occupation Sr. VP and Asst. Secretary | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 26 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Sr. VP and Asst. Secretary
 Group
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 9
Transaction ID: SA11AI.11339
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Sr. VP and Asst. Secretary
 Group
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.11413
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City State Zip Code
 Columbus OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Com- VP Life Financial Operations
 pany
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 9
Transaction ID: SA11AI.11114
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Peter A. Hitchcock | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 1409 Snowmass Road | Transaction ID: SA11AI.11192 |
| | City State Zip Code Columbus OH 43235 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Life Financial Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Peter A. Hitchcock | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 1409 Snowmass Road | Transaction ID: SA11AI.11266 |
| | City State Zip Code Columbus OH 43235 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Life Financial Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Peter A. Hitchcock | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 1409 Snowmass Road | Transaction ID: SA11AI.11343 |
| | City State Zip Code Columbus OH 43235 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation VP Life Financial Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 28 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00
 Date of Receipt 06 / 26 / 2009
Transaction ID: SA11AI.11417
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 05 / 01 / 2009
Transaction ID: SA11AI.11083
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
 Mailing Address 5729 Superior Avenue
 City Sheboygan State WI Zip Code 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 15 / 2009
Transaction ID: SA11AI.11158
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

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

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

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

FOR LINE NUMBER: PAGE 29 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.11236

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.11313

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11387

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) David L. Kaufman | | Date of Receipt |
| | Mailing Address 7925 Greenside Lane | | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Worthington | OH | 43235 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10956 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Sr. Vice President, CIO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="210.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) David L. Kaufman | | Date of Receipt |
| | Mailing Address 7925 Greenside Lane | | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Worthington | OH | 43235 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11031 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Sr. Vice President, CIO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="240.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) David L. Kaufman | | Date of Receipt |
| | Mailing Address 7925 Greenside Lane | | <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Worthington | OH | 43235 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11117 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Sr. Vice President, CIO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="270.00"/> | <input type="text" value="30.00"/> |
| | | | Payroll deduction of \$30 per pay |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="90.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 31 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11195

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11269

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11346

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11420

Amount of Each Receipt this Period
30.00

Payroll deduction of \$30 per pay

B. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11270

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

C. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11347

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) John C. Kessler | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 3910 Caswell Road | Transaction ID: SA11AI.11421 |
| | City State Zip Code Johnstown OH 43031 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$20 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Anne B. King | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 6934 Roundwood Ct. | Transaction ID: SA11AI.11119 |
| | City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Anne B. King | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 6934 Roundwood Ct. | Transaction ID: SA11AI.11197 |
| | City State Zip Code Dublin OH 43016 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 70.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 73
(check only one)

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

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

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

A.

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.11271

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: SA11AI.11348

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: SA11AI.11422

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert D. Lambert | Date of Receipt MM / DD / YYYY 06 / 22 / 2009 |
| | Mailing Address 3 Gingerwood Lane | Transaction ID: SA11AI.11379 |
| | City State Zip Code Bettendorf IA 52722 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Annual Contribution |
| | Name of Employer Occupation Iowa Mutual Ins. Co. Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Michael S Lappin | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 728 South 29th Street | Transaction ID: SA11AI.11237 |
| | City State Zip Code Manitowoc WI 45220 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$20 per pay |
| | Name of Employer Occupation Wilson Mutual Ins. Co. V.P. Agency Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Michael S Lappin | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 728 South 29th Street | Transaction ID: SA11AI.11314 |
| | City State Zip Code Manitowoc WI 45220 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$20 per pay |
| | Name of Employer Occupation Wilson Mutual Ins. Co. V.P. Agency Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 540.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 36 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
 Mailing Address 728 South 29th Street
 City State Zip Code
 Manitowoc WI 45220
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.11388
 Amount of Each Receipt this Period
 20.00
 Payroll deduction of \$20 per pay
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V.P. Agency Operations
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz
 Mailing Address 7705 Ridgeview Way
 City State Zip Code
 Chanhassen MN 55317
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 9
Transaction ID: SA11AI.11146
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay
 Name of Employer Occupation
 American Hardware Mutual Ins. Sr. VP & Chief Operating Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz
 Mailing Address 7705 Ridgeview Way
 City State Zip Code
 Chanhassen MN 55317
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 9
Transaction ID: SA11AI.11224
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay
 Name of Employer Occupation
 American Hardware Mutual Ins. Sr. VP & Chief Operating Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 73
(check only one)

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

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

A.

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.11298

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.11375

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11449

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 73
(check only one)

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

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

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

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

Mailing Address 2135 Hunters Ridge Court

| | | |
|--------------------------|--------------------|--------------------------|
| City Manitowoc | State WI | Zip Code 54220 |
|--------------------------|--------------------|--------------------------|

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

| | |
|---|------------------------|
| Name of Employer Motorists Mutual Ins. Co. | Occupation Director |
|---|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 06 / 2009 |

Transaction ID: SA11AI.10787
Amount of Each Receipt this Period **45.00**
Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

| | | |
|--------------------------|--------------------|--------------------------|
| City Manitowoc | State WI | Zip Code 54220 |
|--------------------------|--------------------|--------------------------|

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

| | |
|---|------------------------|
| Name of Employer Motorists Mutual Ins. Co. | Occupation Director |
|---|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 20 / 2009 |

Transaction ID: SA11AI.10856
Amount of Each Receipt this Period **45.00**
Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

| | | |
|--------------------------|--------------------|--------------------------|
| City Manitowoc | State WI | Zip Code 54220 |
|--------------------------|--------------------|--------------------------|

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

| | |
|---|------------------------|
| Name of Employer Motorists Mutual Ins. Co. | Occupation Director |
|---|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 04 / 03 / 2009 |

Transaction ID: SA11AI.10929
Amount of Each Receipt this Period **45.00**
Payroll deduction of \$45 per pay

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 135.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 39 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.11003

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: SA11AI.11089

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11AI.11164

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|-----------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken | | Date of Receipt |
| | Mailing Address 2135 Hunters Ridge Court | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Manitowoc | WI | 54220 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11242 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 45.00 |
| | | <input type="text"/> 495.00 | Payroll deduction of \$45 per pay |

| | | | |
|---|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken | | Date of Receipt |
| | Mailing Address 2135 Hunters Ridge Court | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 2 / 2 0 0 9 |
| | City | State | Zip Code |
| | Manitowoc | WI | 54220 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11319 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 45.00 |
| | | <input type="text"/> 540.00 | Payroll deduction of \$45 per pay |

| | | | |
|---|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken | | Date of Receipt |
| | Mailing Address 2135 Hunters Ridge Court | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 6 / 2 0 0 9 |
| | City | State | Zip Code |
| | Manitowoc | WI | 54220 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11393 |
| Name of Employer Motorists Mutual Ins. Co. | | Occupation Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 45.00 |
| | | <input type="text"/> 585.00 | Payroll deduction of \$45 per pay |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 135.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 41 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009

Transaction ID: SA11AI.10824

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2009

Transaction ID: SA11AI.10894

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 03 / 2009

Transaction ID: SA11AI.10966

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 73
(check only one)

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

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

A.

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2009

Transaction ID: SA11AI.11041

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

B.

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 01 / 2009

Transaction ID: SA11AI.11127

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

C.

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2009

Transaction ID: SA11AI.11205

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.11279

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2009

Transaction ID: SA11AI.11356

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

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

Mailing Address 3175 Tremont Road, Suite 510

City Columbus State OH Zip Code 43221

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

Name of Employer Motorists Mutual Ins Co. Occupation Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 26 / 2009

Transaction ID: SA11AI.11430

Amount of Each Receipt this Period 50.00

Payroll deduction of \$50 per pay

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Randolph A. Rudowicz | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 1026 Loch Ness Avenue | Transaction ID: SA11AI.11133 |
| | City State Zip Code Worthington OH 43085 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Randolph A. Rudowicz | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 1026 Loch Ness Avenue | Transaction ID: SA11AI.11211 |
| | City State Zip Code Worthington OH 43085 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Randolph A. Rudowicz | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 1026 Loch Ness Avenue | Transaction ID: SA11AI.11285 |
| | City State Zip Code Worthington OH 43085 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Randolph A. Rudowicz | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 1026 Loch Ness Avenue | Transaction ID: SA11AI.11362 |
| | City State Zip Code Worthington OH 43085 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Randolph A. Rudowicz | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 1026 Loch Ness Avenue | Transaction ID: SA11AI.11436 |
| | City State Zip Code Worthington OH 43085 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Eugene Schneckloth | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 334 Country Club Court P. O. Box 46 | Transaction ID: SA11AI.11166 |
| | City State Zip Code Eldridge IA 52748 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$125 |
| Name of Employer Iowa Mutual Ins. Co. | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 175.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Karen L. Schwartz | | Date of Receipt |
| | Mailing Address 1252 Pond Hollow Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 01 / 2009 |
| | City | State | Zip Code |
| | New Albany | OH | 43054 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11134 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 225.00 | <input type="text"/> 25.00 |
| | | | Payroll deduction of \$25 per pay |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Karen L. Schwartz | | Date of Receipt |
| | Mailing Address 1252 Pond Hollow Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 15 / 2009 |
| | City | State | Zip Code |
| | New Albany | OH | 43054 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11212 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 250.00 | <input type="text"/> 25.00 |
| | | | Payroll deduction of \$25 per pay |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Karen L. Schwartz | | Date of Receipt |
| | Mailing Address 1252 Pond Hollow Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 29 / 2009 |
| | City | State | Zip Code |
| | New Albany | OH | 43054 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11286 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 275.00 | <input type="text"/> 25.00 |
| | | | Payroll deduction of \$25 per pay |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 75.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Karen L. Schwartz | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 1252 Pond Hollow Lane | Transaction ID: SA11AI.11363 |
| | City State Zip Code New Albany OH 43054 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Karen L. Schwartz | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 1252 Pond Hollow Lane | Transaction ID: SA11AI.11437 |
| | City State Zip Code New Albany OH 43054 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert C. Smith | Date of Receipt MM / DD / YYYY 02 / 20 / 2009 |
| | Mailing Address 29270 Hampshire Place | Transaction ID: SA11AI.10713 |
| | City State Zip Code Westlake OH 44145 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$55 per pay |
| | Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 105.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert C. Smith | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 29270 Hampshire Place | Transaction ID: SA11AI.10788 |
| | City State Zip Code Westlake OH 44145 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$55 per pay |
| | Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert C. Smith | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 29270 Hampshire Place | Transaction ID: SA11AI.10857 |
| | City State Zip Code Westlake OH 44145 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$55 per pay |
| | Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert C. Smith | Date of Receipt MM / DD / YYYY 04 / 03 / 2009 |
| | Mailing Address 29270 Hampshire Place | Transaction ID: SA11AI.10930 |
| | City State Zip Code Westlake OH 44145 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$55 per pay |
| | Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 49 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2009

Transaction ID: SA11AI.11004

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 01 / 2009

Transaction ID: SA11AI.11090

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 15 / 2009

Transaction ID: SA11AI.11165

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 73

(check only one)

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

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

A.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 605.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.11243

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

B.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.11320

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

C.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 715.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.11394

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11136

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11214

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.11288

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Charles D. Stapleton | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 6900 Kindler Drive | Transaction ID: SA11AI.11365 |
| | City State Zip Code New Albany OH 43054 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Charles D. Stapleton | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 6900 Kindler Drive | Transaction ID: SA11AI.11439 |
| | City State Zip Code New Albany OH 43054 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Tamera A. Stephens | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 8816 Cooks Hill Road | Transaction ID: SA11AI.11137 |
| | City State Zip Code Glenford OH 43739 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Tamera A. Stephens | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 8816 Cooks Hill Road | Transaction ID: SA11AI.11215 |
| | City State Zip Code Glenford OH 43739 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Tamera A. Stephens | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 8816 Cooks Hill Road | Transaction ID: SA11AI.11289 |
| | City State Zip Code Glenford OH 43739 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Tamera A. Stephens | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 8816 Cooks Hill Road | Transaction ID: SA11AI.11366 |
| | City State Zip Code Glenford OH 43739 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Tamera A. Stephens | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 8816 Cooks Hill Road | Transaction ID: SA11AI.11440 |
| | City State Zip Code Glenford OH 43739 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Craig Thompson | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 2060 Maxwell Avenue | Transaction ID: SA11AI.11139 |
| | City State Zip Code Lewis Center OH 43035 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Assist. V. P. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Craig Thompson | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 2060 Maxwell Avenue | Transaction ID: SA11AI.11217 |
| | City State Zip Code Lewis Center OH 43035 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Ins. Company | Occupation Assist. V. P. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 75.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Craig Thompson | | Date of Receipt |
| | Mailing Address 2060 Maxwell Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Lewis Center | OH | 43035 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11291 |
| Name of Employer Motorists Mutual Ins. Company | | Occupation Assist. V. P. | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 25.00 |
| | | <input type="text"/> 275.00 | Payroll deduction of \$25 per pay |

| | | | |
|---|---|-----------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Craig Thompson | | Date of Receipt |
| | Mailing Address 2060 Maxwell Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Lewis Center | OH | 43035 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11368 |
| Name of Employer Motorists Mutual Ins. Company | | Occupation Assist. V. P. | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 25.00 |
| | | <input type="text"/> 300.00 | Payroll deduction of \$25 per pay |

| | | | |
|---|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Craig Thompson | | Date of Receipt |
| | Mailing Address 2060 Maxwell Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Lewis Center | OH | 43035 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11442 |
| Name of Employer Motorists Mutual Ins. Company | | Occupation Assist. V. P. | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 25.00 |
| | | <input type="text"/> 325.00 | Payroll deduction of \$25 per pay |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 75.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 01 / 2009
Transaction ID: SA11AI.11141
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2009
Transaction ID: SA11AI.11219
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.11293
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Richard J. Walton | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 3249 Scioto Run Blvd. | Transaction ID: SA11AI.11370 |
| | City Hilliard State OH Zip Code 43026 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Richard J. Walton | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 3249 Scioto Run Blvd. | Transaction ID: SA11AI.11444 |
| | City Hilliard State OH Zip Code 43026 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$25 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Peter A. Weisenberger | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 7105 Lakebrook Blvd. | Transaction ID: SA11AI.11294 |
| | City Columbus State OH Zip Code 43235 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$20 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 70.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Peter A. Weisenberger | | Date of Receipt |
| | Mailing Address 7105 Lakebrook Blvd. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 12 / 2009 |
| | City | State | Zip Code |
| | Columbus | OH | 43235 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11371 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 240.00 | <input type="text"/> 20.00 |
| | | | Payroll deduction of \$20 per pay |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Peter A. Weisenberger | | Date of Receipt |
| | Mailing Address 7105 Lakebrook Blvd. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 26 / 2009 |
| | City | State | Zip Code |
| | Columbus | OH | 43235 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11445 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 260.00 | <input type="text"/> 20.00 |
| | | | Payroll deduction of \$20 per pay |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | | Date of Receipt |
| | Mailing Address 5203 South 8th Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 20 / 2009 |
| | City | State | Zip Code |
| | Sheboygan | WI | 53081 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10854 |
| Name of Employer Wilson Mutual Ins. Company | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 240.00 | <input type="text"/> 40.00 |
| | | | Payroll deduction of \$40 per pay |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 80.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 04 / 03 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.10927 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| Name of Employer Wilson Mutual Ins. Company | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 04 / 17 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.11001 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| Name of Employer Wilson Mutual Ins. Company | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.11087 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| Name of Employer Wilson Mutual Ins. Company | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 120.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.11162 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| | Name of Employer Occupation Wilson Mutual Ins. Company President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.11240 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| | Name of Employer Occupation Wilson Mutual Ins. Company President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 5203 South 8th Street | Transaction ID: SA11AI.11317 |
| | City State Zip Code Sheboygan WI 53081 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$40 per pay |
| | Name of Employer Occupation Wilson Mutual Ins. Company President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 120.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Robert L. Western | Date of Receipt |
| | Mailing Address 5203 South 8th Street | <input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
| | City State Zip Code Sheboygan WI 53081 | Transaction ID: SA11AI.11391 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="40.00"/> |
| Name of Employer Wilson Mutual Ins. Company | Occupation President | Payroll deduction of \$40 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="520.00"/> | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt |
| | Mailing Address 5519 Medallion Drive W. | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/> |
| | City State Zip Code Westerville OH 43082 | Transaction ID: SA11AI.10981 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="30.00"/> |
| Name of Employer Motorists Mutual Insurance Company | Occupation Senior Vice President | Payroll deduction of \$30 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="210.00"/> | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt |
| | Mailing Address 5519 Medallion Drive W. | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City State Zip Code Westerville OH 43082 | Transaction ID: SA11AI.11057 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="30.00"/> |
| Name of Employer Motorists Mutual Insurance Company | Occupation Senior Vice President | Payroll deduction of \$30 per pay |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="240.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="100.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt MM / DD / YYYY 05 / 01 / 2009 |
| | Mailing Address 5519 Medallion Drive W. | Transaction ID: SA11AI.11143 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$30 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt MM / DD / YYYY 05 / 15 / 2009 |
| | Mailing Address 5519 Medallion Drive W. | Transaction ID: SA11AI.11221 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$30 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt MM / DD / YYYY 05 / 29 / 2009 |
| | Mailing Address 5519 Medallion Drive W. | Transaction ID: SA11AI.11295 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$30 per pay |
| | Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 90.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt MM / DD / YYYY 06 / 12 / 2009 |
| | Mailing Address 5519 Medallion Drive W. | Transaction ID: SA11AI.11372 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$30 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Senior Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Charles A. Wickert | Date of Receipt MM / DD / YYYY 06 / 26 / 2009 |
| | Mailing Address 5519 Medallion Drive W. | Transaction ID: SA11AI.11446 |
| | City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$30 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Senior Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael L. Wiseman | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 90 Timberknoll Loop | Transaction ID: SA11AI.10911 |
| | City State Zip Code Powell OH 43065 | Amount of Each Receipt this Period 35.00 |
| | FEC ID number of contributing federal political committee. C | Payroll deduction of \$35 per pay |
| Name of Employer Motorists Mutual Insurance Company | Occupation Treasurer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 95.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Michael L. Wiseman | | Date of Receipt |
| | Mailing Address 90 Timberknoll Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 03 / 2009 |
| | City | State | Zip Code |
| | Powell | OH | 43065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10983 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Treasurer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 245.00 | <input type="text"/> 35.00 |
| | | | Payroll deduction of \$35 per pay |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Michael L. Wiseman | | Date of Receipt |
| | Mailing Address 90 Timberknoll Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 17 / 2009 |
| | City | State | Zip Code |
| | Powell | OH | 43065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11059 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Treasurer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 280.00 | <input type="text"/> 35.00 |
| | | | Payroll deduction of \$35 per pay |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Michael L. Wiseman | | Date of Receipt |
| | Mailing Address 90 Timberknoll Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 01 / 2009 |
| | City | State | Zip Code |
| | Powell | OH | 43065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.11145 |
| Name of Employer Motorists Mutual Insurance Company | | Occupation Treasurer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 315.00 | <input type="text"/> 35.00 |
| | | | Payroll deduction of \$35 per pay |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 105.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 15 / 2009
Transaction ID: SA11AI.11223
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

B.

Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.11297
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

C.

Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 12 / 2009
Transaction ID: SA11AI.11374
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 66 / 73 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Treasurer
Company

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 6 | / | 2 | 0 | 9 | |

Transaction ID: SA11AI.11448

Amount of Each Receipt this Period
35.00

Payroll deduction of \$35 per pay

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 35.00 |
| TOTAL This Period (last page this line number only) | ▶ | 7081.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Jordan for Congress | Transaction ID: SB23.10699 Date of Disbursement |
| | Mailing Address 2160 Kettering Tower | <input type="text" value="02"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Dayton State OH Zip Code 45423 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name Jordan for Congress | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NAMIC PAC | Transaction ID: SB23.10626 Date of Disbursement |
| | Mailing Address 122 C Street, NW, Suite 540 | <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2009 NAMIC PAC Contribution | <input type="text" value="5000.00"/> |
| | Candidate Name NAMIC PAC | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Portman for Senate | Transaction ID: SB23.11305 Date of Disbursement |
| | Mailing Address 211 South Fifth St. | <input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Columbus State OH Zip Code 43215 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Political Contribution | <input type="text" value="500.00"/> |
| | Candidate Name Portman for Senate | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address 105 West Liberty Street</p> <p>City Medina State OH Zip Code 44256</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Batchelder for Representative Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.10991</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citizens for Buehrer</p> <p>Mailing Address 319 East Elm Street</p> <p>City Wauseon State OH Zip Code 43567</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11077</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens for Hottinger</p> <p>Mailing Address 386 Sabrecutt Drive</p> <p>City Newark State OH Zip Code 43055</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Hottinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 71</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11229</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11301</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citizens for Wagoner</p> <p>Mailing Address 7445 Airport Highway</p> <p>City Holland State OH Zip Code 43528</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Wagoner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11066</p> <p>Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens for Zehringer</p> <p>Mailing Address 2191 Oak Street</p> <p>City Maria Stein State OH Zip Code 45860</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens for Zehringer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.10772</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address 106 N. Main St.</p> <p>City New Lexington State OH Zip Code 43764</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens to Elect Dan Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 91</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11149 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address 106 N. Main St.</p> <p>City New Lexington State OH Zip Code 43764</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Citizens to Elect Dan Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 91</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11452 Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney</p> <p>Mailing Address 357 East Torrence Road</p> <p>City Columbus State OH Zip Code 43214</p> <p>Purpose of Disbursement Political Contributions</p> <p>Candidate Name Citizens to Elect John Patrick Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11378 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Committee for Jim Hughes</p> <p>Mailing Address 14 East Gay Street 2nd Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Committee for Jim Hughes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11068 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener</p> <p>Mailing Address 23 South Center Street</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Committee to Elect Chris Widener</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 10</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11074 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Committee to Elect Niehaus</p> <p>Mailing Address 1131 Little Indiana Creek Road</p> <p>City New Richmond State OH Zip Code 45157-9602</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Committee to Elect Niehaus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11065 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends of Charlie Wilson</p> <p>Mailing Address 252 West Main Street PO Box 61</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Friends of Charlie Wilson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.10987 Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate</p> <p>Mailing Address 1021 Four Mile Creek Road</p> <p>City Coolville State OH Zip Code 45723</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Jimmy Stewart for State Senate</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 20</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.11071 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) LIFEPAC</p> <p>Mailing Address 100 South Third Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB29.10775 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 73

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

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

A.

Full Name (Last, First, Middle Initial)
OIIPAC

Transaction ID: SB29.10774
Date of Disbursement

Mailing Address 172 East State Street
P. O. Box 816

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 2 | | 2 | 0 | 0 | 9 |

City State Zip Code
Columbus OH 43216

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Purpose of Disbursement
contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 200.00 |
|--------|

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

| |
|---------|
| 8050.00 |
|---------|