PAGE 1 / 12

Image# 201604069012231376

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than					Office Use Only	
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin the lines.	g, type	12FE4M5		
MOTORISTS MUTUAL	INSURANCE	COMPANY	CIVIC FU	JND			
ADDRESS (number and street)	471 E BROAD ST						
Check if different							
than previously reported. (ACC)	COLUMBUS				OH	43215	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		S	STATE A	ZIP CO	DE 🛦
C C00336834		3. IS THIS REPORT	~	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day		Primary (12P	)	General (	12G)	Runoff (12R)
Quarterly Report (Q2 October 15	Report f		Convention (	12C)	Special (	12S)	
Quarterly Report (Q3  January 31  Year-End Report (YE		Election on	M = M /	D   D /	Y   Y   Y   Y	in the State o	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E Report f		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D = D /	Y = Y = Y = Y	in the State o	f
5. Covering Period 01	/ D D / Y	2016	through	03	/ D D /	2016	
I certify that I have examined this	Report and to the	e best of my know	vledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasurer	Mrs. Susan E. Haa	ack					
Signature of Treasurer Mrs. S.	usan E. Haack		[Electronically	Filed] Da	ate 04	06	2016
NOTE: Submission of false, erroned	ous, or incomplete in	nformation may sul	bject the pers	on signing thi	s Report to th	e penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38811.96 January 1, 2016 (b) Cash on Hand at 38811.96 Beginning of Reporting Period..... 8153.60 8153.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 46965.56 46965.56 6(a) and 6(c) for Column B)..... 6900.00 6900.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 40065.56 40065.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1000 1000	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	750.40	750.40
(ii) Unitemized	7403.20	7403.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	8153.60	8153.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	9 9	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	8153.60	8153.60
2. Transfers From Affiliated/Other	3.55.55	
Party Committees	0.00	0.00
Tarty Committees	, , ,	
B. All Loans Received	0.00	0.00
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
3. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds $^{lack}$	7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
-		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	8153.60	8153.60
). Total Federal Receipts		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
	ng Expenditures: ——	IOIAI IIIIS FEIIUU	Calendar Year-to-Date
	ocated Federal/Non-Federal civity (from Schedule H4)		
(i)	Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
	ner Federal Operating	0.00	0.00
	pendituresal Operating Expenditures	0.00	0.00
	d 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	rs to Affiliated/Other Party		7 7
	tees	0.00	0.00
<ol> <li>Contribit</li> <li>Federal</li> </ol>	utions to Candidates/Committees	, , , , , , , , , , , , , , , , , , , ,	
and Oth	ner Political Committees	0.00	0.00
-	dent Expenditures	0.00	0.00
	hedule E)ated Party Expenditures	0.00	0.00
(2 U.S.	C. §441a(d)) hedule F)	0.00	0.00
(use SC	illedule F)	7 7	0.00
6. Loan R	epayments Made	0.00	0.00
7. Loans I	Made	0.00	0.00
	s of Contributions To: ividuals/Persons Other		
` Th	an Political Committees	0.00	0.00
/L\ D	litical Double Community	0.00	0.00
	litical Party Committees	0.00	0.00
(-)	ch as PACs)	0.00	0.00
(30	25 . 7 . 6 6 7	7	7
(d) Tot	al Contribution Refunds		
(ac	d Lines 28(a), (b), and (c))▶	0.00	0.00
9. Other D	Disbursements	6900.00	6900.00
)	Flortion Activity (2.11.5.0, \$404(00))		
	Election Activity (2 U.S.C. §431(20)) cated Federal Election Activity		
, ,	om Schedule H6)		
	Federal Share	0.00	0.00
( )	H		
(ii)	"Levin" Share	0.00	0.00
(b) Fe	deral Election Activity Paid Entirely		200
, , _	With Federal Funds	0.00	0.00
	al Federal Election Activity (add	0.00	0.00
LI	nes 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
I. Total Di	sbursements (add Lines 21(c), 22,		
	25, 26, 27, 28(d), 29 and 30(c))	6900.00	6900.00
, -,		0000.00	3300.00
2. Total Fe	ederal Disbursements		
(subtrac	t Line 21(a)(ii) and Line 30(a)(ii)		
from Li	ne 31)	6900.00	6900.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8153.60	8153.60	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8153.60	8153.60	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

FOR LINE NOMBER: (check only one)

FOR LINE NUMBER:					PAGE	6	OF	12
(che	eck only							
×	11c	12	2					
	13		14		15	16	6	17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial)  Michael J. Agan  Mailing Address 5658 Tynecastle Loop  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Life Insurance Compa  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 43016  C  Occupation President MLIC  Aggregate Year-to-Date ▼  240.00	Date of Receipt  03
	Full Name (Last, First, Middle Initial)  Mr. Larry L. Forrester  Mailing Address 9240 Griggs Rd  City  Englewood  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Insurance Co.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 34224  C  Occupation Director  Aggregate Year-to-Date ▼  210.30	Date of Receipt  02 12 2016  Transaction ID: SA11AI.24286  Amount of Each Receipt this Period  70.10  Memo Item deduction of \$70.10
	Full Name (Last, First, Middle Initial)  Mr. Larry L. Forrester  Mailing Address 9240 Griggs Rd  City Englewood  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Insurance Co.  Receipt For:  Primary General Other (specify)	State Zip Code FL 34224  C  Occupation Director  Aggregate Year-to-Date ▼  285.30	Date of Receipt  O2 26 2016  Transaction ID: SA11AI.24283  Amount of Each Receipt this Period  75.00  Memo Item deduction of \$75
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	185.10
T	OTAL This Period (last page this line number o	nly)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 7 (check only one) X 11a 11b 11c

OF 12 Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Date of Receipt Mailing Address 9240 Griggs Rd 2016 26 City State Zip Code Transaction ID: SA11AI.24287 FL Englewood 34224 Amount of Each Receipt this Period FEC ID number of contributing C 70.10 federal political committee. Memo Item Name of Employer Occupation deduction of \$70.10 Motorists Mutual Insurance Co. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 355.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester Date of Receipt Mailing Address 9240 Griggs Rd 03 2016 11 City State Zip Code Transaction ID: SA11AI.24288 FL Englewood 34224 Amount of Each Receipt this Period FEC ID number of contributing C 70.10 federal political committee. Memo Item Name of Employer Occupation Motorists Mutual Insurance Co. deduction of \$70.10 Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 425,50 Full Name (Last, First, Middle Initial) c. Mr. Larry L. Forrester Date of Receipt Mailing Address 9240 Griggs Rd 03 25 2016 City State Zip Code Transaction ID: SA11AI.24578 FL Englewood 34224 Amount of Each Receipt this Period FEC ID number of contributing C 70.10 federal political committee. Memo Item Name of Employer Occupation deduction of \$70.10 Motorists Mutual Insurance Co. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 495.60 Other (specify)

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

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

210.30

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

FOR LINE NUMBER:					PAGE	8	OF	12
(chec								
X	11a [		11b		11c	12		
	13		14		15	16	,	17

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 INSURA	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge Court  City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code WI 54220  C	Date of Receipt  03 11 2016  Transaction ID : SA11AI.24435  Amount of Each Receipt this Period  45.00  Memo Item
Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify) ▼	Director  Aggregate Year-to-Date ▼  225.00	payroll deduction of \$45
Full Name (Last, First, Middle Initial)  Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge Court  City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)	State Zip Code WI 54220  C  Occupation Director  Aggregate Year-to-Date ▼  270.00	Date of Receipt  03 25 2016  Transaction ID: SA11AI.24606  Amount of Each Receipt this Period  45.00  Memo Item payroll deduction of \$45
Full Name (Last, First, Middle Initial)  Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit 201  City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Retired from MIG  Receipt For: Primary General Other (specify)	State Zip Code FL 33953  C Occupation Director  Aggregate Year-to-Date ▼	Date of Receipt  03 11 2016  Transaction ID: SA11Al.24450  Amount of Each Receipt this Period  50.00  Memo Item payroll deduction of \$50
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	140.00
TOTAL This Period (last page this line number	only)	

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

_	E NUMBER	R: PA	GE 9	OF 12	
(check or	nly one)				
<b>X</b> 11a	11b	11c	12		
13	14	15	16	17	

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit 201	Date of Receipt  03 25 2016	
City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Retired from MIG Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code FL 33953  C  Occupation Director  Aggregate Year-to-Date ▼  300.00	Transaction ID : SA11AI.24609  Amount of Each Receipt this Period  50.00  Memo Item  payroll deduction of \$50
Full Name (Last, First, Middle Initial)  Mr. Robert C. Smith  Mailing Address 29270 Hampshire Place  City  Westlake  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44145  C  Occupation Director  Aggregate Year-to-Date ▼  220.00	Date of Receipt  02 26 2016  Transaction ID : SA11AI.24497  Amount of Each Receipt this Period  55.00  Memo Item  payroll deduction of \$55
Full Name (Last, First, Middle Initial)  Mr. Robert C. Smith  Mailing Address 29270 Hampshire Place  City  Westlake  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44145  C  Occupation Director  Aggregate Year-to-Date ▼  275.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	160.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER:					PAGE	. 1	10	OF	12	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

UI	for commercial purposes, other than using the	name and address of any political committee to	Solicit Contributions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	
Δ.	Full Name (Last, First, Middle Initial)  Mr. Robert C. Smith  Mailing Address 29270 Hampshire Place  City  Westlake  FEC ID number of contributing federal political committee.  Name of Employer  Motorists Mutual Ins. Co.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44145  C  Occupation Director  Aggregate Year-to-Date ▼  330.00	Date of Receipt  03 25 2016  Transaction ID : SA11AI.24618  Amount of Each Receipt this Period  55.00  Memo Item  payroll deduction of \$55
3.	Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
	Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of	<del>`</del> _	55.00 750.40
ı	OTAL This Period (last page this line number of	лну)	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and the second of any pointer		The second secon
MOTORISTS MUTUAL INSURANCE	CE COMPANY CIVIO	C FUND	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Citizens for Kevin Bacon			Date of Dispursement
Mailing Address 5325 Ponderosa Drive			03 26 2016
	State Zip Code OH 43231	_	Transaction ID : SB29.24562
Columbus Purpose of Disbursement	OH 43231		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  3. Citizens for Mingo			Date of Disbursement
3. Citizens for Mingo			M M / D D / Y Y Y Y
Mailing Address 12364 Thoroughbred Drive			01 12 2016
,	State Zip Code OH 43147		Transaction ID : SB29.24209
Purpose of Disbursement	4314/		
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	750.00
Office Sought: House Disbursen	nent For:	Туре	Memo Item
Senate	Primary General		
	Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)			
C. Dewine for Justice			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 211 S. Fifth Street			03 21 2016
City	State Zip Code		Transcetter ID : CD00 0/70/
Columbus	OH 43215		Transaction ID : SB29.24561
Purpose of Disbursement contribution			Amount of Fork Disk
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	1000.00
Office Sought: House Disbursen			Memo Item
	Primary General Other (specify) ▼		
State: District:	<u> </u>		
'	<del></del>		
SUBTOTAL of Disbursements This Page (optional)		······•	2250.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Han announts and 1177	FOR LINE NUMBER: PAGE 12 OF 12			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  21b 22 23 27 28a 28b		24 25 26 28c × 29 30	
Any information copied from such Reports and Statem		d by any perso	n for the purpose of soli	citing contributions	
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions from	such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY CIVIO	C FUND			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Friends of Pat Fischer			M M / D D / Y Y Y Y		
Mailing Address 211 S. Fifth St			01 21	2016	
,	State Zip Code		Transaction ID : SB2	29.24210	
Columbus Purpose of Disbursement	OH 43215				
contribution		011	Amount of Each Disbu	ursement this Period	
Candidate Name Category/			3500.00		
Office Sought: House Disbursen	aant For:	Туре		0000.00	
	Primary General		Memo Item		
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Friends of Pat Fischer			M M / D D /	Y	
Mailing Address 211 S. Fifth St			03 21	2016	
	State Zip Code		Transaction ID : SB	29.24556	
Columbus Purpose of Disbursement	OH 43215				
contribution			Amount of Each Disbu	rsement this Period	
Candidate Name		Category/ Type	7	1000.00	
Office Sought: House Disbursen			Memo Item		
	Primary General  Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each Disbu	ursement this Period	
Candidate Name		Category/			
Office Sought: House Disbursen	nent For:	Туре			
	Primary General		Memo Item		
	Other (specify) ▼				
State: District:					
CURTOTAL of Diphyrophoto This Days (astimut)				4500.00	
SUBTOTAL of Disbursements This Page (optional)		······	7		
TOTAL This Period (last page this line number only).				6750.00	