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Image# 12970841393

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	r Other Than An	Authorized Comm	ittee		
1 NAME OF T	YPE OR PRINT ▼	Evernley If t	uning tuno		Office Use Only
1. NAME OF TY COMMITTEE (in full)	TPE OR PRINT V	Example: If to over the lines		12FE4M5	
MOTORISTS MUTUAL	INSURANCE CO	OMPANY CIVIC	FUND		
ADDRESS (number and street)	471 E BROAD ST				
Check if different than previously reported. (ACC)	COLUMBUS			ОН	43215
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦	;	STATE 🛦	ZIP CODE ▲
C C00336834		3. IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Election Report for th (d) 30-Day POST-Electic Report for th	lection on General (on (12C)	Sep	in the State of
5. Covering Period 01	01 20	012 throug		31 /	2012
certify that I have examined this	•	st of my knowledge a	nd belief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Michael L. Wiseman				
Signature of Treasurer Michael	L. Wiseman	[Electroni	cally Filed]	Pate 04	03 / 2012
NOTE: Submission of false, erroneo	us, or incomplete inforn	mation may subject the	person signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

2012 03 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 14117.04 January 1, 2012 (b) Cash on Hand at 14117.04 Beginning of Reporting Period..... 11197.57 11197.57 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 25314.61 25314.61 6(a) and 6(c) for Column B)..... 11491.00 11491.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 13823.61 13823.61 (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

ons (other than loans) From: iduals/Persons Other Political Committees emized (use Schedule A)	Total This Period 1437.90 9754.30 11192.20 0.00 11192.20	Calendar Year-to-Date 1437.90 9754.30 11192.20 0.00 11192.20 0.00
duals/Persons Other Political Committees emized (use Schedule A)	9754.30 11192.20 0.00 0.00	9754.30 11192.20 0.00 0.00
Political Committees emized (use Schedule A)	9754.30 11192.20 0.00 0.00	9754.30 11192.20 0.00 0.00
Initemized	9754.30 11192.20 0.00 0.00	9754.30 11192.20 0.00 0.00
Initemized	11192.20 0.00 0.00	11192.20 0.00 0.00
cotal (add ines 11(a)(i) and (ii)	11192.20 0.00 0.00	11192.20 0.00 0.00
cotal (add ines 11(a)(i) and (ii)	0.00 0.00	0.00
cal Party Committees	0.00 0.00	0.00
r Political Committees n as PACs) Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	0.00	0.00
r Political Committees n as PACs) Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	0.00	0.00
n as PACs) Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	11192.20	11192.20
Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	11192.20	11192.20
(iii), (b), and (c)) (Carry s to Line 33, page 5)▶		
s to Line 33, page 5) From Affiliated/Other		
From Affiliated/Other		
	0.00	0.00
nmittees	0.00	0.00
	0.00	
Received	0.00	0.00
ayments Received	0.00	0.00
Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
Rebates, etc.)	 	
tals to Line 37, page 5)	0.00	0.00
of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
	0.00	0.00
·		
	5.37	5.37
		,
Schedule H3)	0.00	0.00
Funds (from Schedule H5)	0.00	0.00
Fransfers (add 18(a) and 18(b))	0.00	0.00
	payments Received	Rebates, etc.) Atals to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	0.00	0.00		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
2.	Transfers to Affiliated/Other Party	0.00	0.00		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees	0.00			
	and Other Political Committees	0.00	0.00		
	Independent Expenditures (use Schedule E)	0.00	0.00		
o. '	Coordinated Parfy Expenditures (2 U.Ş.C. §441a(d))				
	(use Schedule F)	0.00	0.00		
2	Loop Popsyments Made	0.00	0.00		
).	Loan Repayments Made	3.00	0.00		
7.	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other		0.00		
	Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
).	Other Disbursements	11491.00	11491.00		
).	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	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		
		7			
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11491.00	11491.00		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	11491.00	11491.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11192.20	11192.20
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11192.20	11192.20
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
8. 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

I TOTAL TROUBLET					PAGE	:	6	OF		18	
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt
City Dublin FEC ID number of contributing federal political committee.	State Zip Code OH 43016	Transaction ID : SA11AI.17036 Amount of Each Receipt this Period 40.00
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation VP Personal Lines Aggregate Year-to-Date ▼ 240.00	biweekly deduction of \$40
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt 03 30 2012
City Dublin FEC ID number of contributing federal political committee.	State Zip Code OH 43016	Transaction ID : SA11AI.17037 Amount of Each Receipt this Period 40.00
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation VP Personal Lines Aggregate Year-to-Date ▼ 280.00	biweekly deduction of \$40
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell	State Zip Code OH 43065	Date of Receipt 02 03 2012 Transaction ID : SA11AI.16810
Foweil FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 240.00	Amount of Each Receipt this Period 80.00 biweekly deduction of \$80
SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line num	ber only)	

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

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court		Date of Receipt
City Powell	State Zip Code OH 43065	02 17 2012 Transaction ID : SA11AI.16887
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Chairman, President and CEO	biweekly deduction of \$80
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court	·	Date of Receipt
City Powell	State Zip Code OH 43065	03 02 2012 Transaction ID : SA11AI.16888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	biweekly deduction of \$80
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
Mailing Address 1390 Picardae Court		03 16 2012
City Powell	State Zip Code OH 43065	Transaction ID : SA11AI.17040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	biweekly deduction of \$80
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	I)	240.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:					PAGE		8	OF	18
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND				
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court		Date of Receipt			
	03 30 2012				
City Powell	State Zip Code OH 43065	Transaction ID : SA11AI.17041 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	80.00			
Name of Employer	Occupation	biweekly deduction of \$80			
Motorists Mutual Insurance Co.	Chairman, President and CEO				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00				
Full Name (Last, First, Middle Initial) 3. Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt			
City	02 17 2012				
Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.16916 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	57.60			
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	biweekly deduction for \$57.60			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.40				
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt			
Mailing Address 9240 Griggs Rd		03 02 2012			
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.16917 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	57.60			
Name of Employer	Occupation	biweekly deduction for \$57.60			
Motorists Mutual Insurance Co.	torists Mutual Insurance Co. Director				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	288.00				
SUBTOTAL of Receipts This Page (optional)		195.20			
TOTAL This Period (last page this line numb	er only)				

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

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or fo	or commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	
A	ull Name (Last, First, Middle Initial) Mr. Larry L. Forrester lailing Address 9240 Griggs Rd		Date of Receipt
	ity Englewood	State Zip Code FL 34224	03 16 2012 Transaction ID : SA11AI.17069
FI	EC ID number of contributing deral political committee.	C	Amount of Each Receipt this Period 57.60
М	ame of Employer Iotorists Mutual Insurance Co. eceipt For: Primary General Other (specify)	Occupation Director Aggregate Year-to-Date ▼ 345.60	biweekly deduction for \$57.60
B. <u>N</u>	ull Name (Last, First, Middle Initial) Mr. Larry L. Forrester lailing Address 9240 Griggs Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>E</u> Fl	ity inglewood EC ID number of contributing ederal political committee.	State Zip Code FL 34224	Transaction ID : SA11AI.17070 Amount of Each Receipt this Period 70.10
М	ame of Employer lotorists Mutual Insurance Co. eceipt For: Primary General Other (specify)	Occupation Director Aggregate Year-to-Date ▼ 415.70	biweekly deduction for \$70.10
С. <u>[</u> м	ull Name (Last, First, Middle Initial) David L. Kaufman lailing Address 7925 Greenside Lane ity Worthington	State Zip Code OH 43235	Date of Receipt 03 30 2012 Transaction ID: SA11AI.17104 Amount of Each Receipt this Period
fe N	EC ID number of contributing ederal political committee. ame of Employer Motorists Mutual Ins Co eceipt For: Primary General Other (specify)	Occupation Executive VP & COO Aggregate Year-to-Date 210.00	30.00 biweekly deduction \$30
SUE	BTOTAL of Receipts This Page (optional)	>	157.70
тот	TAL This Period (last page this line number of	only)	7

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

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt
City Manitowoc	State Zip Code WI 54220	03 02 2012 Transaction ID : SA11AI.16975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director Aggregate Year-to-Date ▼	biweekly deduction \$45
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court	Date of Receipt 03 16 2012	
City Manitowoc	State Zip Code WI 54220	Transaction ID : SA11AI.17125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director	biweekly deduction \$45
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
Mailing Address 2135 Hunters Ridge Court	Chata	03 30 2012
City Manitowoc	State Zip Code WI 54220	Transaction ID : SA11AI.17126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	biweekly deduction \$45
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional)	>	135.00
TOTAL This Period (last page this line number	only)	

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

FOF	PAGE	1	11	OF		18				
(check only one)										
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND						
Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt					
Mailing Address 4612 Club Dr., Unit 201	Mailing Address 4612 Club Dr., Unit 201						
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.16979					
FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C	50.00					
Name of Employer	Occupation	biweekly deduction \$50					
Retired from MIG Receipt For:	Director						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201	Date of Receipt						
City	03 16 2012						
Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.17129 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	50.00					
Name of Employer Retired from MIG	Occupation Director	biweekly deduction \$50					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt					
Mailing Address 4612 Club Dr., Unit 201		03 30 2012					
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.17130 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	biweekly deduction \$50					
Retired from MIG	Director						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	350.00						
SUBTOTAL of Receipts This Page (optional)		150.00					
TOTAL This Period (last page this line number	only)						

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt
City Westlake	State Zip Code OH 44145	02 17 2012 Transaction ID : SA11AI.17002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	biweekly deduction \$55
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.17003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	biweekly deduction \$55
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
Mailing Address 29270 Hampshire Place		03 16 2012
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.17154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	biweekly deduction \$55
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional).	•	165.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE COMPANY CIVIC FUND					
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt				
	03 30 2012					
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.17155 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	55.00				
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	biweekly deduction \$55				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00					
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street	Date of Receipt 03 16 2012					
City Sheboygan	State Zip Code WI 53081	Transaction ID : SA11AI.17170				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00				
Name of Employer Wilson Mutual Ins. Company	Occupation President	biweekly deduction \$40				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					
Full Name (Last, First, Middle Initial) Mr. Robert L. Western	·	Date of Receipt				
Mailing Address 5203 South 8th Street		03 30 _ 2012 _				
City Sheboygan	State Zip Code WI 53081	Transaction ID : SA11AI.17171 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer Wilson Mutual Ins. Company	Occupation President	biweekly deduction \$40				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00					
SUBTOTAL of Receipts This Page (optional)		135.00				
TOTAL This Period (last page this line number	er only)					

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND					
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.	Charles A. Wickert					
City Westerville	State Zip Code OH 43082	03 30 2012 Transaction ID : SA11AI.17175 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	30.00 biweekly deductions \$30				
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Sr. VP Life Ops & Corp. Svs Aggregate Year-to-Date ▼ 210.00					
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop	Date of Receipt 03 16 2012					
City Powell	State Zip Code OH 43065	Transaction ID : SA11AI.17178 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00 biweekly deduction \$35				
Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	Occupation Sr VP,Treas.,CFO Aggregate Year-to-Date ▼ 210.00					
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop		Date of Receipt				
City Powell	State Zip Code OH 43065	03 30 2012 Transaction ID : SA11AI.17179 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer Motorists Mutual Ins Company Receipt For:	Occupation Sr VP,Treas.,CFO	biweekly deduction \$35				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00					
SUBTOTAL of Receipts This Page (optional)	100.00				
TOTAL This Period (last page this line num	per only)	1437.90				

S	CHEDULE B (FEC Form 3X)			OP.	I INI	NII	IMBER:				PA	GE 15	OF 18	
	EMIZED DISBURSEMENTS		rate schedule(s)		(check only			THOMBEIL.						
••		for each category of the Detailed Summary Page						22		23		24	5 26	
_						27		28a		28b		28c	X 29	
	ny information copied from such Reports and Staten													
or	for commercial purposes, other than using the name	ie and addre	ess or any politic	aı con	ıımı	uee to) SC	DICIT COI	ntrib	บนเดาร	s Tro	om suc	in comr	mttee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			C E	IN	וח								
/	MOTORISTS MOTOAL INSURANCE	JE COM	PANY CIVI	CFU	J۱۱	טו								
_	Full Name (Last, First, Middle Initial)													
A.	Batchelder for Representative Com	nmittee						Date of	f Dis	sburse	eme	ent		
	· · · · · · · · · · · · · · · · · · ·						-	M = M	7	D		/ 1	Y	
	Mailing Address 105 West Liberty Street							03	4	1	5		2012	
	City 5	State	Zip Code											
	Medina	ОН	44256					Trans	acti	ion ID) : S	SB29.1	7035	
	Purpose of Disbursement			_		$\overline{}$								
	Contribution			L.				Amount	t of	Each	Dis	sburse	ment th	is Period
	Candidate Name			Cate				Г.					10	00.00
	Office Sought: House Disbursen	nent For:		- 1	ype		-			7		- 7		
	Senate	Primary	General											
	President	Other (spec	eify) ▼											
	State: District:													
	Full Name (Last, First, Middle Initial)													
В.	Citizens for Sears					Date of	f Dis	sburse	eme	ent				
	Moiling Address 9744 Marrow Overel						-	M = M 02	1	D		/ Y	2013	
	Mailing Address 6711 Monroe Street Building 3 Suite D							02	٠.		21	-	2012	
	City			Transaction ID : SB29.16882										
	Sylvania	43560	Transaction ID : SB29.16662						0002					
	Purpose of Disbursement Contribution					Amount of Each Dishuraamant this Pariod								
	Candidate Name	Category/ Type					Amount of Each Disbursement this Period 500.00							
	Canada Name													
	Office Sought:	nent For:	I		71		1							
		Primary	General											
		Other (spec	ify) ▼											
_	State: OH District: 46													
^	Full Name (Last, First, Middle Initial)							Date of	f Di	huros	am.	ont		
C.	Cupp for Supreme Court								I Di			511L	Y	
	Mailing Address 500 South Front St.							03		1	4	/ Y	2012	
	Suite 700													
	,	State	Zip Code					Trans	sacti	ion ID	: 9	SB29.1	7031	
	Columbus Purpose of Disbursement	ОН	43215				-							
	Contribution							Δmount	t of	Fach	Die	churca	ment th	is Period
	Candidate Name		Cate	eao	rv/		Amoun	. 01	Lacii	Di	3001301			
			ype			L.		7		- 7	2′	108.00		
	Office Sought: House Disbursen													
	Senate President													
	State: OH District:													
	Citato. Ott Biodiot.													
s	UBTOTAL of Disbursements This Page (optional)												36	00.80
\vdash						_		-	÷	7		,	\Rightarrow	
т	OTAL This Period (last page this line number only)									7		- 7		

S	CHEDULE B (FEC Form 3X)		EOD LIVE	NUMBER: PAGE 16 OF 18						
	EMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check onl	NOMBELL.						
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 23 24 25 26						
		Detailed Summary Page	27	28a 28b 28c × 29 30b						
۸.	ny information copied from such Reports and Staten	nente may not be cold or u	sed by any per							
	for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	MOTORISTS MUTUAL INSURANCE	CE COMPANY CIV	IC FLIND							
/	MOTORIOTO MOTORE INCORANT	CE COIVII / (INT OIV	IO I GIVD							
_	Full Name (Last, First, Middle Initial)									
A.	LIFEPAC			Date of Disbursement						
				M M / D D / Y Y Y Y						
	Mailing Address 100 South Third Street			03 12 2012						
	City	Otata 7:- O-d-								
	City S Columbus	State Zip Code OH 43215		Transaction ID : SB29.17029						
	Purpose of Disbursement	43215		-						
	Contribution			Amount of Each Disbursement this Period						
	Candidate Name		Cotons							
			Category/ Type	750.00						
	Office Sought: House Disburser	ment For:	- 7 - 7							
		Primary General								
	President	Other (specify) ▼								
	State: District:	•								
	Full Name (Last, First, Middle Initial)									
В.	PAMIC PAC			Date of Disbursement						
				M M / D D / Y Y Y Y						
	Mailing Address 1017 Mumma Rd.			01 26 2012						
	Suite 103									
	City		Transaction ID : SB29.16807							
	Wormleysburg Purpose of Disbursement	PA 17043		-						
	Contribution			Amount of Each Disbursement this Period						
	Candidate Name		Cotonsiii'							
			Category/ Type	500.00						
	Office Sought: House Disburser	ment For:	71							
	Senate	Primary General								
	President	Other (specify) ▼								
_	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	Re-elect Justice O'Donnell			Date of Disbursement						
				M M / D D / Y Y Y Y						
	Mailing Address 260 N. Cassady Ave			03 14 2012						
	Other	01-1-								
	•	State Zip Code OH 43209		Transaction ID : SB29.17034						
	Purpose of Disbursement	43209		-						
	Contribution			Amount of Each Disbursement this Period						
	Candidate Name		Cotomony	Amount of Lacif Dispulsement this Period						
			Category/ Type	2108.00						
	Office Sought: House Disburser	ment For:	71							
	Senate	Primary General								
	President	Other (specify) ▼								
	State: District:									
Г										
s	BUBTOTAL of Disbursements This Page (optional)			3358.00						
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٦	OTAL This Period (last nage this line number only)	1								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 OF 18											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22										
Any information copied from such Reports and State or for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN													
Full Name (Last, First, Middle Initial)													
A. Renacci for Congress	Date of Disbursement												
Mailing Address PO Box 88			02 14 2012										
City		Transaction ID : SB29.16881											
Wadsworth Purpose of Disbursement	OH 44282												
Contribution			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	500.00										
Senate President	ement For: Primary												
State: District:													
B. Retain Justice Yvette McGee Brown	wn		Date of Disbursement										
Mailing Address 340 E. FUlton St.			01 04 2012										
City Columbus	State Zip Code OH 43215		Transaction ID : SB29.16805										
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	2500.00										
Office Sought: House Disburse Senate President State: District:	ement For: Primary												
Full Name (Last, First, Middle Initial) C. Retain Justice Yvette McGee Brown	Date of Disbursement												
Mailing Address 340 E. FUlton St.		03 14 2012											
City Columbus	State Zip Code OH 43215		Transaction ID : SB29.17030										
Purpose of Disbursement Contribution													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1275.00										
Office Sought: House Disburse	ement For: Primary	·ype											
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			4275.00										

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 OF 18																
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only				I NOMBELL.								10			
• • •		for each category of the Detailed Summary Page			21			L		23		24		25		26			
_					27		28	Ba		28b	\perp	280	c >	29		30b			
	y information copied from such Reports and Statem																		
or	for commercial purposes, other than using the name	e and address of any politi	icai co	mmı	ittee	10	SOIICIT	con	ITIDI	utions	3 II	om s	ucn c	ommi	ιιee.				
$ \rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	SE COMBANY CIV	'IC E	1 1 1	חו														
	WOTORISTS WOTOAL INSURANCE	DE COMPANT CIV	ЮГ	UI	עוי														
	Full Name (Last, First, Middle Initial)										_								
A.	Sprague for State Representative						Date	e of	Dis	burse	em/	ent							
	M. W. Ald					_	02 14 2012												
	Mailing Address 220 West Sandusky Street						(12		1	4	- 1	. 2	012	-				
	City	State Zip Code				Transaction ID : SB29.16880													
		OH 45840					Tra	ansa	cti	on ID) : \$	SB29.	.1688	0					
	Purpose of Disbursement Contribution										_								
	Candidate Name		L				Amo	unt	of	Each	Di	isburs	emen	t this	Peri	od			
	Candidate Marie			tego Гуре			250.00												
	Office Sought: House Disbursen	nent For:		турс		-				7		, ,							
	Senate	Primary General																	
		Other (specify) ▼																	
	State: District:																		
В.	Full Name (Last, First, Middle Initial)						Dot	of	Dia	huroc	om	ont							
ъ.									Date of Disbursement										
	Mailing Address						IVI	IVI	ĺ				Y -	Y	_ 1				
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	City	State Zip Code																	
	Purpose of Disbursement					-													
							Amount of Each Disbursement this Period												
	Candidate Name				egory/											П			
				Гуре			ш	-	_	,	_	7			-				
	Office Sought: House Disbursem																		
		Primary General Other (specify) ▼																	
	State: District:	Cities (appearly)																	
	Full Name (Last, First, Middle Initial)	me (Last, First, Middle Initial)									_								
C.	•						Date	e of	Dis	burse	əm	ent							
				M	M	/	D	D	/	Υ	Y	Y							
	Mailing Address																		
	City	State Zip Code	Zip Code																
	Durana of Diaham			\Box															
	Purpose of Disbursement										_								
	Candidate Name		П	Amount of Each Disbursement this Peri									od						
				tego Гуре															
	Office Sought: House Disbursen	nent For:								7		,							
		Primary General																	
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г	State: District:						_				_								
,	UBTOTAL of Disbursements This Page (optional)						Г							25	0.00				
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