



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="14117.04"/>	<input type="text" value="14117.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14117.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11197.57"/>	<input type="text" value="11197.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25314.61"/>	<input type="text" value="25314.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11491.00"/>	<input type="text" value="11491.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13823.61"/>	<input type="text" value="13823.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

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).....	1437.90	1437.90
(ii) Unitemized .....	9754.30	9754.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11192.20	11192.20
(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) .....	11192.20	11192.20
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.).....	5.37	5.37
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 Transfers (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))..... ▶	11197.57	11197.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11197.57	11197.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	11491.00	11491.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	11491.00	11491.00
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11192.20	11192.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11192.20	11192.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17036**

Amount of Each Receipt this Period  
 40.00

biweekly deduction of \$40

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 03 / 30 / 2012  
**Transaction ID : SA11AI.17037**

Amount of Each Receipt this Period  
 40.00

biweekly deduction of \$40

Full Name (Last, First, Middle Initial)  
**c. 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 Occupation  
 Motorists Mutual Insurance Co. Chairman, President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 02 / 03 / 2012  
**Transaction ID : SA11AI.16810**

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 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 7 OF 18  
(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. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 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  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : SA11Al.16887**

Amount of Each Receipt this Period  

80.00
-------

biweekly deduction of \$80

**B. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2012

**Transaction ID : SA11Al.16888**

Amount of Each Receipt this Period  

80.00
-------

biweekly deduction of \$80

**C. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17040**

Amount of Each Receipt this Period  

80.00
-------

biweekly deduction of \$80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> 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 8 OF 18
<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. John J. Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1390 Picardae Court  
 City Powell State OH Zip Code 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 **560.00**

Date of Receipt **03 / 30 / 2012**  
**Transaction ID : SA11AI.17041**  
 Amount of Each Receipt this Period **80.00**  
 biweekly deduction of \$80

**B. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 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 / 17 / 2012**  
**Transaction ID : SA11AI.16916**  
 Amount of Each Receipt this Period **57.60**  
 biweekly deduction for \$57.60

**C. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 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 **288.00**

Date of Receipt **03 / 02 / 2012**  
**Transaction ID : SA11AI.16917**  
 Amount of Each Receipt this Period **57.60**  
 biweekly deduction for \$57.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>195.20</b>
<b>TOTAL</b> 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 OF 18  
(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. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 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 ▼ 345.60

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17069**  
 Amount of Each Receipt this Period 57.60  
 biweekly deduction for \$57.60

**B. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 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 ▼ 415.70

Date of Receipt 03 / 30 / 2012  
**Transaction ID : SA11Al.17070**  
 Amount of Each Receipt this Period 70.10  
 biweekly deduction for \$70.10

**C. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 30 / 2012  
**Transaction ID : SA11Al.17104**  
 Amount of Each Receipt this Period 30.00  
 biweekly deduction \$30

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.70  
**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 10 OF 18  
(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. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : SA11AI.16975**  
 Amount of Each Receipt this Period  
 45.00  
 biweekly deduction \$45

**B. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17125**  
 Amount of Each Receipt this Period  
 45.00  
 biweekly deduction \$45

**C. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.17126**  
 Amount of Each Receipt this Period  
 45.00  
 biweekly deduction \$45

**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 11 OF 18  
(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**

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte      State FL      Zip Code 33953

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

Name of Employer      Occupation  
 Retired from MIG      Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 02 / 2012  
**Transaction ID : SA11AI.16979**

Amount of Each Receipt this Period  
 50.00

biweekly deduction \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte      State FL      Zip Code 33953

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

Name of Employer      Occupation  
 Retired from MIG      Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17129**

Amount of Each Receipt this Period  
 50.00

biweekly deduction \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte      State FL      Zip Code 33953

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

Name of Employer      Occupation  
 Retired from MIG      Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 03 / 30 / 2012  
**Transaction ID : SA11AI.17130**

Amount of Each Receipt this Period  
 50.00

biweekly deduction \$50

**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 12 OF 18  
(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. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : SA11Al.17002**  
 Amount of Each Receipt this Period  
 55.00  
 biweekly deduction \$55

**B. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2012  
**Transaction ID : SA11Al.17003**  
 Amount of Each Receipt this Period  
 55.00  
 biweekly deduction \$55

**C. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17154**  
 Amount of Each Receipt this Period  
 55.00  
 biweekly deduction \$55

**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 OF 18  
(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. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29270 Hampshire Place  
City Westlake State OH Zip Code 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 **385.00**

Date of Receipt **03 / 30 / 2012**  
**Transaction ID : SA11Al.17155**  
Amount of Each Receipt this Period **55.00**  
biweekly deduction \$55

**B. Mr. Robert L. Western**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5203 South 8th Street  
City Sheboygan State WI Zip Code 53081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Company Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : SA11Al.17170**  
Amount of Each Receipt this Period **40.00**  
biweekly deduction \$40

**C. Mr. Robert L. Western**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5203 South 8th Street  
City Sheboygan State WI Zip Code 53081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Company Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **280.00**

Date of Receipt **03 / 30 / 2012**  
**Transaction ID : SA11Al.17171**  
Amount of Each Receipt this Period **40.00**  
biweekly deduction \$40

**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 14 OF 18
<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. Charles A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11Al.17175**

Amount of Each Receipt this Period  

30.00
-------

biweekly deductions \$30

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

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17178**

Amount of Each Receipt this Period  

35.00
-------

biweekly deduction \$35

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

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 Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11Al.17179**

Amount of Each Receipt this Period  

35.00
-------

biweekly deduction \$35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1437.90</b>

**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**

Full Name (Last, First, Middle Initial)

**A. Batchelder for Representative Committee**

Mailing Address 105 West Liberty Street

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.17035**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Citizens for Sears**

Mailing Address 6711 Monroe Street  
Building 3 Suite D

City Sylvania State OH Zip Code 43560

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: OH District: 46

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.16882**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Cupp for Supreme Court**

Mailing Address 500 South Front St.  
Suite 700

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.17031**

Amount of Each Disbursement this Period

Category/  
Type

**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**

Full Name (Last, First, Middle Initial)

**A. LIFEPAC**

Mailing Address 100 South Third Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

03 / 12 / 2012

**Transaction ID : SB29.17029**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. PAMIC PAC**

Mailing Address 1017 Mumma Rd.  
Suite 103

City Wormleysburg State PA Zip Code 17043

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 26 / 2012

**Transaction ID : SB29.16807**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Re-elect Justice O'Donnell**

Mailing Address 260 N. Cassady Ave

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

03 / 14 / 2012

**Transaction ID : SB29.17034**

Amount of Each Disbursement this Period

2108.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3358.00



**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 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**

Full Name (Last, First, Middle Initial)

**A. Renacci for Congress**

Mailing Address PO Box 88

City Wadsworth State OH Zip Code 44282

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2012

**Transaction ID : SB29.16881**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Retain Justice Yvette McGee Brown**

Mailing Address 340 E. Fulton St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2012

**Transaction ID : SB29.16805**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Retain Justice Yvette McGee Brown**

Mailing Address 340 E. Fulton St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2012

**Transaction ID : SB29.17030**

Amount of Each Disbursement this Period

1275.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4275.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. Sprague for State Representative**

Mailing Address 220 West Sandusky Street

City Findlay State OH Zip Code 45840

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2012

**Transaction ID : SB29.16880**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

250.00

11491.00