

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00336834

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- 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)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on 11 / 06 / 2012 in the State of OH

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 Michael L. Wiseman [Electronically Filed] Date 11 / 27 / 2012

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									
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**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"/>		14117.04
(b) Cash on Hand at Beginning of Reporting Period.....	1011.01	
(c) Total Receipts (from Line 19)	4953.80	37770.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5964.81	51887.81
7. Total Disbursements (from Line 31).....	0.00	45923.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5964.81	5964.81
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

DETAILED SUMMARY PAGE
of Receipts

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).....	4737.80	23357.10
(ii) Unitemized	216.00	14408.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4953.80	37765.40
(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)	4953.80	37765.40
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	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))..... ▶	4953.80	37770.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4953.80	37770.77

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	1000.00
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	0.00	44923.00
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)) ..	0.00	45923.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	45923.00

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)	4953.80	37765.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4953.80	37765.40
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 69
(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. 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 ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18217

Amount of Each Receipt this Period
 40.00
 payroll 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 ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18218

Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

Full Name (Last, First, Middle Initial)
C. 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 ▼
 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.18219

Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

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: PAGE 7 OF 69
(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. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18220
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18221
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18222
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

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 8 OF 69
<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 ▼
1760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11AI.18223

Amount of Each Receipt this Period

80.00

 payroll 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 ▼
1840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11AI.18224

Amount of Each Receipt this Period

80.00

 payroll 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 ▼
1920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11AI.18225

Amount of Each Receipt this Period

80.00

 payroll deduction of \$80

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 9 OF 69
<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. Richard B. Bowers
Full Name (Last, First, Middle Initial)

Mailing Address S86 W33540 Short Drive

City Mukwonago State WI Zip Code 53149-9306

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

Name of Employer Wilson Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18226

Amount of Each Receipt this Period
 125.00
 payroll deduction of \$125

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

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 ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18227

Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

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

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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18228

Amount of Each Receipt this Period
 20.00
 payroll deduction of \$20

SUBTOTAL of Receipts This Page (optional).....▶ 165.00

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

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

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FOR LINE NUMBER: PAGE 10 OF 69
(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. Mrs. Annette Braet
 Full Name (Last, First, Middle Initial)
 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 ▼ 480.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18229
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

B. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18230
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

C. Mr. Jon A. Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4915 Norfolk Place
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18231
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 11 OF 69
	<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. Mr. Jon A. Bright
Full Name (Last, First, Middle Initial)

Mailing Address 4915 Norfolk Place

City Bettendorf State IA Zip Code 52722

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

Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 / /
11 / 21 / 2012

Transaction ID : SA11AI.18232

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

B. Thomas J. Brock
Full Name (Last, First, Middle Initial)

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 / /
10 / 26 / 2012

Transaction ID : SA11AI.18233

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

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

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 / /
11 / 09 / 2012

Transaction ID : SA11AI.18234

Amount of Each Receipt this Period
 15.00

payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 45.00
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 12 OF 69
(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 J. Brock

Mailing Address 60 E. Spring St. #326

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 21 / 2012
Transaction ID : SA11AI.18235

Amount of Each Receipt this Period
15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
B. Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
10 / 26 / 2012
Transaction ID : SA11AI.18236

Amount of Each Receipt this Period
15.00
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)
c. Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
10 / 26 / 2012
Transaction ID : SA11AI.18239

Amount of Each Receipt this Period
15.00
 payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 15 OF 69
(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. Mrs. Camille Craig
Full Name (Last, First, Middle Initial)
Mailing Address 4282 Hunts Drive
City Gahanna State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18246
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

B. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road
City Columbus State OH Zip Code 43214
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18247
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

C. Mrs. Rose DePontes
Full Name (Last, First, Middle Initial)
Mailing Address 53 Nottingham Road
City Columbus State OH Zip Code 43214
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18248
Amount of Each Receipt this Period 15.00
payroll deduction of \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
(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. Mrs. Rose DePontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Nottingham Road
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18249
 Amount of Each Receipt this Period 15.00
 payroll deduction of \$15

B. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square PI
 City Dublin State OH Zip Code 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 ▼ 550.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18250
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square PI
 City Dublin State OH Zip Code 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 ▼ 575.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18251
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
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 OF 69
(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. Douglas L. Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4084 Herald Square Pl
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11Al.18252
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

B. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City State Zip Code
 Galion OH 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Mutual Insurance Asst. Vice President
 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
 10 / 26 / 2012
Transaction ID : SA11Al.18253
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City State Zip Code
 Galion OH 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Mutual Insurance Asst. Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11Al.18254
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 18 OF 69
<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. Stephen T. Entenmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18255
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

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 ▼ 1617.20

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18260
 Amount of Each Receipt this Period 70.10
 payroll deduction for \$70.10

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 ▼ 1687.30

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18265
 Amount of Each Receipt this Period 70.10
 payroll deduction for \$70.10

SUBTOTAL of Receipts This Page (optional).....▶	155.20
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 19 OF 69
	<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. 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 ▼ 1762.30

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18262

Amount of Each Receipt this Period 75.00
payroll deduction for \$25

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 ▼ 1832.40

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18266

Amount of Each Receipt this Period 70.10
payroll deduction for \$70.10

C. Joseph P Fullenkamp
Full Name (Last, First, Middle Initial)

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18267

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶ 160.10

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 20 OF 69
	<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. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18268
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Joseph P Fullenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18269
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Charles R. Gaskill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18270
 Amount of Each Receipt this Period 10.00
 payroll deduction for \$10

SUBTOTAL of Receipts This Page (optional).....	40.00
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 21 OF 69
<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 R. Gaskill
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Briarmeadow Dr.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corporate Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11Al.18271

Amount of Each Receipt this Period

10.00

 payroll deduction for \$10

B. Charles R. Gaskill
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Briarmeadow Dr.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corporate Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11Al.18272

Amount of Each Receipt this Period

10.00

 payroll deduction for \$10

C. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11Al.18276

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 22 OF 69
<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. Rolf H. Gesen
Full Name (Last, First, Middle Initial)
Mailing Address 63 Penacook Rd.
City Contoocook State NH Zip Code 03229
FEC ID number of contributing federal political committee. **C**
Name of Employer Phenix Mutual Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **575.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : SA11AI.18277
Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

B. Rolf H. Gesen
Full Name (Last, First, Middle Initial)
Mailing Address 63 Penacook Rd.
City Contoocook State NH Zip Code 03229
FEC ID number of contributing federal political committee. **C**
Name of Employer Phenix Mutual Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.18278
Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

C. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)
Mailing Address 14 Burreed Court
City Pataskala State OH Zip Code 43062
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.18279
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **65.00**
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 23 OF 69
	<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. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2012

Transaction ID : SA11AI.18280

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

B. Mrs. Jeanne I. Gibbons
Full Name (Last, First, Middle Initial)

Mailing Address 14 Burreed Court

City Pataskala State OH Zip Code 43062

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.18281

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

C. Elizabeth Graham
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus State OH Zip Code 43204

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

Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting

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
10 / 26 / 2012

Transaction ID : SA11AI.18282

Amount of Each Receipt this Period
15.00

payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 24 OF 69
	<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

Full Name (Last, First, Middle Initial) A. Elizabeth Graham		Date of Receipt
Mailing Address 3128 Ellis Place		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City Columbus State OH Zip Code 43204		Transaction ID : SA11AI.18283
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		payroll deduction for \$15
Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>		

Full Name (Last, First, Middle Initial) B. Elizabeth Graham		Date of Receipt
Mailing Address 3128 Ellis Place		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Columbus State OH Zip Code 43204		Transaction ID : SA11AI.18284
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		payroll deduction for \$15
Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>		

Full Name (Last, First, Middle Initial) C. Shaun D. Gregoire		Date of Receipt
Mailing Address 396 Shelby Avenue, East		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Powell State OH Zip Code 43065		Transaction ID : SA11AI.18285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		payroll deduction for \$15
Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
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 25 OF 69
(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. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18286
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Shaun D. Gregoire
 Full Name (Last, First, Middle Initial)
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18287
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18289
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 OF 69
(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. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18290
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Dino Guanciale
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 St. Andrews Circle
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co. Asst. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.18291
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 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 Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18292
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 OF 69
	<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. Mrs. Susan E. Haack
Full Name (Last, First, Middle Initial)

Mailing Address 7494 Heffley Court

City Canal Winchester State OH Zip Code 43110

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

Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : SA11AI.18293

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

B. Mrs. Susan E. Haack
Full Name (Last, First, Middle Initial)

Mailing Address 7494 Heffley Court

City Canal Winchester State OH Zip Code 43110

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

Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 21 / 2012**

Transaction ID : SA11AI.18294

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Marc S. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 5999 Lane Road

City Centerburg State OH Zip Code 43011

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : SA11AI.18295

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 OF 69
(check only one)

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

A. Marc S. Hall
Full Name (Last, First, Middle Initial)
Mailing Address 5999 Lane Road

City Centerburg	State OH	Zip Code 43011
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11Al.18296

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Marc S. Hall
Full Name (Last, First, Middle Initial)
Mailing Address 5999 Lane Road

City Centerburg	State OH	Zip Code 43011
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11Al.18297

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

C. Paul T. Hammer
Full Name (Last, First, Middle Initial)
Mailing Address 813 East College Avenue

City Westerville	State OH	Zip Code 43081
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

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
10	/	26	/	2012

Transaction ID : SA11Al.18298

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 OF 69
(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. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18299
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Paul T. Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 East College Avenue
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.18300
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mr. James F Hayon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 South Washington Drive
 City State Zip Code
 Howards Grove WI 53083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V. P. Claims
 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
 10 / 26 / 2012
Transaction ID : SA11AI.18301
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
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	<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. James F Hayon
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City Howards Grove	State WI	Zip Code 53083
-----------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11AI.18302

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

B. Mr. James F Hayon
Full Name (Last, First, Middle Initial)

Mailing Address 1020 South Washington Drive

City Howards Grove	State WI	Zip Code 53083
-----------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11AI.18303

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

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

Mailing Address 9725 Wagonwood Drive

City Pickerington	State OH	Zip Code 43147
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims
---	-------------------------------------

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
10	/	26	/	2012

Transaction ID : SA11AI.18304

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 31 OF 69
<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. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : SA11AI.18305

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Thomas J. Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.18306

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

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 ▼ **550.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.18307

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... **55.00**

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 32 OF 69
<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. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

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 ▼ **575.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : SA11AI.18308

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

B. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

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 ▼ **600.00**

Date of Receipt **11 / 21 / 2012**

Transaction ID : SA11AI.18309

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Jeffrey O. Hoover
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : SA11AI.18310

Amount of Each Receipt this Period **15.00**

payroll deduciton for \$15

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 33 OF 69
(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. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18311
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Jeffrey O. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18312
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Henry L Huntington
 Full Name (Last, First, Middle Initial)
 Mailing Address 7290 Pleasant Street
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18313
 Amount of Each Receipt this Period 62.50
 payroll deduction for \$62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.50
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 OF 69
(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. Dan E. Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Rossmore Lane
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11Al.18314
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Mr. Dan E. Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Rossmore Lane
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11Al.18315
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mr. Dan E. Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Rossmore Lane
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Company Assist. V. P.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11Al.18316
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
<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. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 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 ▼ 550.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18320
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 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 ▼ 575.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18321
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mrs. Tami Jones-Fahser
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18322
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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 36 OF 69
(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. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18323
 Amount of Each Receipt this Period
 30.00
 payroll deduciton for \$30

B. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18324
 Amount of Each Receipt this Period
 30.00
 payroll deduciton for \$30

C. David L. Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins Co Executive VP & COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.18325
 Amount of Each Receipt this Period
 30.00
 payroll deduciton for \$30

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

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(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. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18326
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

B. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18327
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

c. John C. Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18328
 Amount of Each Receipt this Period 20.00
 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 38 OF 69
	<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. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11AI.18329

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 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 ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11AI.18330

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11AI.18331

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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 39 OF 69
	<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. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : SA11AI.18332

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

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

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : SA11AI.18333

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

C. Teresa M. King
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Tidewater Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2012**

Transaction ID : SA11AI.18334

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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 40 OF 69
(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. Jeff Kirkey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Pinecone Court
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18335
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Jeff Kirkey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Pinecone Court
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18336
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Jeff Kirkey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Pinecone Court
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18337
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 41 OF 69
(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. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City State Zip Code
 Manitowoc WI 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V.P. Agency Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18341
 Amount of Each Receipt this Period
 20.00
 payroll deduction for \$20

B. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City State Zip Code
 Manitowoc WI 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V.P. Agency Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18342
 Amount of Each Receipt this Period
 20.00
 payroll deduction for \$20

C. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City State Zip Code
 Manitowoc WI 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilson Mutual Ins. Co. V.P. Agency Operations
 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
 11 / 21 / 2012
Transaction ID : SA11AI.18343
 Amount of Each Receipt this Period
 20.00
 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 OF 69
(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. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18344
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

B. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18345
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18346
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

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 43 OF 69
	<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. Mr. David W. Lemon
Full Name (Last, First, Middle Initial)

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18347

Amount of Each Receipt this Period 125.00
payroll deduction for \$125

B. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18348

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18349

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00

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 OF 69
<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. Michael Lisi
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2012**

Transaction ID : SA11AI.18350

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

B. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 43285

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : SA11AI.18351

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

C. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 43285

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : SA11AI.18352

Amount of Each Receipt this Period **15.00**

payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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 OF 69
	<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. Todd A. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

Name of Employer Occupation
Motorists Mutual Ins. Company Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2012
Transaction ID : SA11Al.18353

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

B. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
American Hardware Mutual Ins V.P.

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
10 / 26 / 2012
Transaction ID : SA11Al.18354

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

C. Mr. Steven E. Manteufel
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City State Zip Code
Blaine MN 55449

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

Name of Employer Occupation
American Hardware Mutual Ins V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2012
Transaction ID : SA11Al.18355

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 46 OF 69
(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. Steven E. Manteufel
 Full Name (Last, First, Middle Initial)
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18356
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 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 ▼ 990.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18357
 Amount of Each Receipt this Period 45.00
 payroll deduction for \$45

C. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 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 ▼ 1035.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18358
 Amount of Each Receipt this Period 45.00
 payroll deduction for \$45

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 47 OF 69
(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 ▼
 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11Al.18359
 Amount of Each Receipt this Period
 45.00
 payroll deduction for \$45

B. Mark J. Nixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 662 East Fifth Avenue
 City State Zip Code
 Lancaster OH 43130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Manager
 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
 10 / 26 / 2012
Transaction ID : SA11Al.18360
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

C. Mark J. Nixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 662 East Fifth Avenue
 City State Zip Code
 Lancaster OH 43130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Insurance Company Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11Al.18361
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

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 48 OF 69
<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. Mark J. Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18362

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

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

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 Retired from MIG Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18363

Amount of Each Receipt this Period 50.00
payroll deduction for \$50

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

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 Retired from MIG Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18364

Amount of Each Receipt this Period 50.00
payroll deduction for \$50

SUBTOTAL of Receipts This Page (optional).....▶ 115.00

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 49 OF 69
<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. Thomas C. Ogg
Full Name (Last, First, Middle Initial)

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 Retired from MIG Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18365

Amount of Each Receipt this Period 50.00
payroll deduction for \$50

B. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18366

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18367

Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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 50 OF 69
<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. Mr. Mark Peacock
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : **SA11AI.18368**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina State MN Zip Code 55436

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : **SA11AI.18372**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. Mr. Carl Richard Powers
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina State MN Zip Code 55436

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : **SA11AI.18373**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 OF 69
(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. Carl Richard Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 5241 Lincoln Dr #119
 City Edina State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18374
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Damian Puchala
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18375
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Damian Puchala
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18376
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Damian Puchala
Full Name (Last, First, Middle Initial)
Mailing Address 325 Olenview Circle
City Powell State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18377
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18378
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18379
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
	<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. Georgia Puls
Full Name (Last, First, Middle Initial)
Mailing Address 825 West Price Street
City Eldridge State IA Zip Code 52748
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Commercial Lines
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.18380
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

B. Kelly Reisling
Full Name (Last, First, Middle Initial)
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.18381
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

C. Kelly Reisling
Full Name (Last, First, Middle Initial)
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt **11 / 09 / 2012**
Transaction ID : SA11AI.18382
Amount of Each Receipt this Period 15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 OF 69
	<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. Kelly Reisling
Full Name (Last, First, Middle Initial)

Mailing Address 3178 Ranke Court

City Grove City State OH Zip Code 43123

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

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : **SA11AI.18383**

Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City Worthington State OH Zip Code 43085

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : **SA11AI.18384**

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

C. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City Worthington State OH Zip Code 43085

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : **SA11AI.18385**

Amount of Each Receipt this Period **25.00**
payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 OF 69
	<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"/>	<input type="checkbox"/> 17

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

A. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
11 / 21 / 2012
Transaction ID : **SA11AI.18386**

Amount of Each Receipt this Period
25.00
payroll deduction for \$25

B. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 26 / 2012
Transaction ID : **SA11AI.18387**

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

C. Mrs. Karen L. Schultz
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
11 / 09 / 2012
Transaction ID : **SA11AI.18388**

Amount of Each Receipt this Period
15.00
payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... **55.00**

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 56 OF 69
(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. Mrs. Karen L. Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Sommer Drive
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18389
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Karen L. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Pond Hollow Lane
 City New Albany State OH Zip Code 43054
 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 ▼ 550.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18390
 Amount of Each Receipt this Period 25.00
 payroll deduction for \$25

C. Austin Slattery
 Full Name (Last, First, Middle Initial)
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18391
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 OF 69
	<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. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **345.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : SA11AI.18392
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

B. Austin Slattery
Full Name (Last, First, Middle Initial)
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.18393
Amount of Each Receipt this Period **15.00**
payroll deduction for \$15

C. 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 **1210.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.18394
Amount of Each Receipt this Period **55.00**
payroll deduction for \$55

SUBTOTAL of Receipts This Page (optional)..... **85.00**
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 OF 69
	<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. 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 ▼
1265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11Al.18395

Amount of Each Receipt this Period

55.00

 payroll deduction for \$55

B. 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 ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11Al.18396

Amount of Each Receipt this Period

55.00

 payroll deduction for \$55

C. Ralph W. Smithers Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service
---	------------------------------

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
10	/	26	/	2012

Transaction ID : SA11Al.18397

Amount of Each Receipt this Period

15.00

 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 59 OF 69
(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. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.18398
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

B. Ralph W. Smithers Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP MAX Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.18399
 Amount of Each Receipt this Period
 15.00
 payroll deduction for \$15

c. Charles D. Stapleton
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.18400
 Amount of Each Receipt this Period
 25.00
 payroll deduction for \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 OF 69
<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 D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 09 / 2012**

Transaction ID : SA11AI.18401

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

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

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 21 / 2012**

Transaction ID : SA11AI.18402

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

C. Tamera A. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City Glenford State OH Zip Code 43739

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 ▼ **550.00**

Date of Receipt **10 / 26 / 2012**

Transaction ID : SA11AI.18403

Amount of Each Receipt this Period **25.00**

payroll deduction for \$25

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 61 OF 69
<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. Tamera A. Stephens
Full Name (Last, First, Middle Initial)
Mailing Address 8816 Cooks Hill Road

City Glenford	State OH	Zip Code 43739
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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 ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11Al.18404

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

B. Tamera A. Stephens
Full Name (Last, First, Middle Initial)
Mailing Address 8816 Cooks Hill Road

City Glenford	State OH	Zip Code 43739
------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11Al.18405

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

C. Mr. Craig Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11Al.18406

Amount of Each Receipt this Period

25.00

 payroll deduction for \$25

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 62 OF 69
(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. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
11 / 09 / 2012
Transaction ID : SA11AI.18408

Amount of Each Receipt this Period
25.00
 payroll deduction for \$25

Full Name (Last, First, Middle Initial)
B. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 21 / 2012
Transaction ID : SA11AI.18409

Amount of Each Receipt this Period
25.00
 payroll deduction for \$25

Full Name (Last, First, Middle Initial)
C. Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
10 / 26 / 2012
Transaction ID : SA11AI.18410

Amount of Each Receipt this Period
15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ **65.00**

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 OF 69
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	<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. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18411
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mrs. Sharon B Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5444 Spring Hill Road
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18412
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Mr. Alan R. Tubbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Scenic Hill Ln.
 City DeWitt State IA Zip Code 52742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18413
 Amount of Each Receipt this Period 125.00
 payroll deduction for \$125

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 OF 69
	<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. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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 ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11Al.18414

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

B. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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 ▼ **460.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11Al.18415

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

C. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
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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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11Al.18416

Amount of Each Receipt this Period

20.00

 payroll deduction for \$20

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 65 OF 69
(check only one)
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 13 14 15 16 17

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

A. 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 ▼ **880.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.18417
 Amount of Each Receipt this Period **40.00**
 payroll deduction for \$40

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 ▼ **920.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : SA11AI.18418
 Amount of Each Receipt this Period **40.00**
 payroll deduction for \$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 ▼ **960.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.18419
 Amount of Each Receipt this Period **40.00**
 payroll deduction for \$40

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: PAGE 66 OF 69
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18420
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18421
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Mr. Edward Wetzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18422
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 67 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<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 ▼ **660.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2012

Transaction ID : SA11Al.18426

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

B. 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 ▼ **690.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2012

Transaction ID : SA11Al.18428

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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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 ▼ **720.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2012

Transaction ID : SA11Al.18429

Amount of Each Receipt this Period

30.00

 payroll deduction for \$30

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

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

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FOR LINE NUMBER: PAGE 68 OF 69
(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. Charles A. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 14924 S. R. 35, E.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11AI.18430
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

B. Charles A. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 14924 S. R. 35, E.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.18431
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

C. Charles A. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 14924 S. R. 35, E.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.18432
 Amount of Each Receipt this Period 15.00
 payroll deduction for \$15

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 69 OF 69
(check only one)
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 13 14 15 16 17

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

A. 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 ▼ 770.00

Date of Receipt 10 / 26 / 2012
Transaction ID : SA11Al.18433
 Amount of Each Receipt this Period 35.00
 payroll deduction for \$35

B. 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 ▼ 805.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11Al.18434
 Amount of Each Receipt this Period 35.00
 payroll deduction for \$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 ▼ 840.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11Al.18435
 Amount of Each Receipt this Period 35.00
 payroll deduction for \$35

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	4737.80