Image# 201507109000075439		PAGE 1 / 42
	ID DISBURSEMEN	TS
		yping, type 12FE4M5
ADDRESS (number and street)		
Check if different		
reported. (ACC)	OLUMBUS	OH 43215 – L
FEC FORM 3X       REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee         1. NAME OF COMMITTEE (in full)       TYPE OR PRINT ¥       Example: If typing, type       12FE4M5         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND       I2FE4M5       I2FE4M5         ADDRESS (number and street)       471 E BROAD ST       OH       43215         Check if different reported. (ACC)       COLUMBUS       OH       43215         2. FEC IDENTIFICATION NUMBER ¥       CITY ▲       STATE ▲       ZIF         C C00338834       COLUMBUS       OH       43215         3. IS THIS REPORT       NEW OR       AMENDED (A)       AMENDED (A)         (ADDRESS from the provide stype)       COLUMBUS       OH       43215         2. FEC IDENTIFICATION NUMBER ¥       CITY ▲       STATE ▲       ZIF         C C00338834       STHIS REPORT       NEW OR       AMENDED (A)       AMENDED (A)         (a) Cuaterly Report (C1) Subarterly Report (C2) October 15 Outarterly Report (C2) October 16 Outarterly Report (C2) October 16 Outarerly Report (C2		
C C00336834		
	Report	May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Year Only)
	Apr 20 (M4)	Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
¥ July 15	PRE-Election	
October 15	Report for the: Convention	on (12C) Special (12S)
January 31	Election on	/ D D / Y Y Y Y in the State of
July 31 Mid-Year Report (Non-election	POST-Election General (	30G) Runoff (30R) Special (30S)
	M = M	/ D D / Y Y Y Y in the State of
I certify that I have examined this R	eport and to the best of my knowledge ar	nd belief it is true, correct and complete.
Type or Print Name of Treasurer	Irs. Susan E. Haack	
Signature of Treasurer	E. Haack [Electronic	
NOTE: Submission of false, erroneous	or incomplete information may subject the	person signing this Report to the penalties of 2 U.S.C. §437g.
Use		FEC FORM 3X Rev. 12/2004

07/10/2015 09 : 57

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From: 04	M / D D / Y Y Y Y 01 2015 To:	06 / D D / Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		21548.26
	(b) Cash on Hand at Beginning of Reporting Period	29099.96	
	(c) Total Receipts (from Line 19)	9128.60	18480.30
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	38228.56	40028.56
7.	Total Disbursements (from Line 31)	7750.00	9550.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30478.56	30478.56
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts         COLUMN A Total This Period         COLUMN A Calendar Year-to-Date           11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized	Report Covering the Period: From: 04	/ D D / Y Y Y Y 01 2015 To:	06 / D D / Y Y Y Y 06 2015
(a) Individuals/Persone Other         Than Political Committees         (i) Unitemized (use Schedule A)         (ii) Unitemized (use Schedule A)         (iii) TOTAL (add         Lines 11(a)(i) and (i)	I. Receipts		
Than Political Committees       4680.60       5721.10         (i) Unitemized       4480.00       12759.20         (iii) TOTAL (add       4443.00       12759.20         Lines 11(a)(i) and (ii)       >       9128.60       18480.30         (b) Political Party Committees       0.00       0.00       0.00         (c) Other Political Committees       0.00       0.00       0.00         (d) Total Contributions (add Lines       11(a)(iii), (b), and (c) (Carry       9128.60       18480.30         12. Transfers From Affiliated/Other       0.00       0.00       0.00         13. All Loans Received       0.00       0.00       0.00         14. Loan Repayments Received       0.00       0.00       0.00         15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)       0.00       0.00       0.00         16. Refunds of Contributions Made to Federal Account (from Schedule H3)       0.00       0.00       0.00       0.00         17. Other Federal Account (from Schedule H3)       0.00       0.00       0.00       0.00       0.00         18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)       0.00       0.00       0.00       0.00         19. Total Receipts (add Lines 11(d), 12, 13, 14, 1	11. Contributions (other than loans) From:	· · ·	
(i) Itemized (use Schedule A)       4680.60       5721.10         (ii) Unitemized	(a) Individuals/Persons Other		
(i) Itemized (use Schedule A)       Interview         (ii) Unitemized (use Schedule A)       4448.00         (iii) TOTAL (add Lines 11(a)() and (ii)	Than Political Committees	1000.00	5701.10
(ii) TOTAL (add         (iii) TOTAL (add         Lines 11(a)(i) and (ii)         (b) Political Party Committees         (c) Other Political Committees         (iii) Total Contributions (add Lines         11(a)(iii), (b), and (c)) (Carry         Total Schedule H3)         (c) Total Contributions (add Lines         11(a)(iii), (b), and (c)) (Carry         Totals to Line 33, page 5)         12. Transfers From Affiliated/Other         Party Committees         0.00         13. All Loans Received         14. Loans Received         0.00         15. Others to Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         16. Refunds of Contributions Made         to Federal Receipts         (Dividends, Interest, etc.)         (Dividends, Interest, etc.)         (Cher Federal Receipts         (Dividends, Interest, etc.)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))         (c) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))         12. Total Federal Receipts         (c) Total Federal Receipts	(i) Itemized (use Schedule A)	4680.60	5721.10
Lines 11(a)(i) and (ii)	(ii) Unitemized	4448.00	12759.20
(b) Political Party Committees       0.00       0.00         (c) Other Political Committees       0.00       0.00         (d) Total Contributions (add Lines       0.00       0.00         11(a)(iii), (b), and (c)) (Carry Totalas to Line 33, page 5)       9128.60       18480.30         12. Transfers From Affiliated/Other       0.00       0.00         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       0.00         17. Other Federal Receipts (Dividends, Interest, etc.)       0.00       0.00       0.00         18. Transfers from Non-Federal And Levin Funds (a) Non-Federal Account (from Schedule H5)       0.00       0.00       0.00         19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))       9128.60       18480.30       18480.30         20. Total Federal Receipts       0.00       0.00       0.00       0.00         19. Total Federal Receipts       9128.60       18480.30       18480.30	(iii) TOTAL (add		
(b) Pointal raity Collimitees         (c) Other Political Contributions (add Lines         (d) Total Contributions (add Lines         11(a)(iii), (b), and (c)) (Carry         Totals to Line 33, page 5)         12. Transfers From Affiliated/Other         Party Committees         13. All Loans Received         14. Loan Repayments Received         15. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         16. Refunds of Contributions Made         to Federal Account         (Dividends' interest, etc.)         (Dividends' interest, etc.)         (b) Levin Funds (from Schedule H3)         (c) Total Transfers (add 18(a) and 18(b)).         19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	Lines 11(a)(i) and (ii)▶	9128.60	18480.30
(e) Other Political Committees (such as PACs)	(b) Political Party Committees	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	(such as PACs)	0.00	0.00
Totals to Line 33, page 5)       9128.60       18480.30         12. Transfers From Affiliated/Other       0.00       0.00         Party Committees       0.00       0.00         13. All Loans Received       0.00       0.00         14. Loan Repayments Received       0.00       0.00         15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)       0.00       0.00         16. Refunds of Contributions Made to Federal Candidates and Other Political Committees       0.00       0.00         17. Other Federal Receipts (Dividends, Interest, etc.)       0.00       0.00         18. Transfers from Non-Federal 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))       9128.60       18480.30         20. Total Federal Receipts       9128.60       18480.30	(d) Total Contributions (add Lines		
10.003 (D Line 35, page 5)	11(a)(iii), (b), and (c)) (Carry		10,100,00
Party Committees       0.00       0.00         13. All Loans Received       0.00       0.00         14. Loan Repayments Received       0.00       0.00         15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)       0.00       0.00         16. Refunds of Contributions Made to Federal Candidates and Other Political Committees       0.00       0.00         17. Other Federal Receipts (Dividends, Interest, etc.)       0.00       0.00         18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)       0.00       0.00         (b) Levin Funds (from Schedule H5)       0.00       0.00         (c) Total 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))	Totals to Line 33, page 5)	9128.60	18480.30
13. All Loans Received			
<ul> <li>13. All Loans Received</li></ul>	Party Committees	0.00	0.00
11. Edah repuinting Expenditures         12. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         13. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         14. Fedural Contributions Made         to Federal Candidates and Other         Political Committees	13. All Loans Received	0.00	0.00
11. Edah repuinting Expenditures         12. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         13. Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         14. Fedural Contributions Made         to Federal Candidates and Other         Political Committees	14 Lean Denouments Descined	0.00	0.00
(Refunds, Rebates, etc.)       (Carry Totals to Line 37, page 5)			7 7 7
(Carry Totals to Line 37, page 5)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
to Federal Candidates and Other Political Committees		/5	7 7 7
Political Committees			
<ul> <li>17. Other Federal Receipts (Dividends, Interest, etc.)</li></ul>		0.00	0.00
(Dividends, Interest, etc.)       0.00       0.00         18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)       0.00       0.00         (b) Levin Funds (from Schedule H5)       0.00       0.00         (c) Total 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))		7 7	7 7
<ul> <li>18. Transfers from Non-Federal and Levin Funds <ul> <li>(a) Non-Federal Account</li> <li>(from Schedule H3)</li> <li>(b) Levin Funds (from Schedule H5)</li> <li>(c) Total Transfers (add 18(a) and 18(b))</li> </ul> </li> <li>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li></ul>		0.00	0.00
(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))			7 7
(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))	(a) Non-Federal Account		
(b) Levin Funds (noni ochedule Fi5)	(from Schedule H3)	0.00	0.00
(b) Levin Funds (noni ochedule Fi5)	(b) Lovin Funda (from Schodula HE)	0.00	0.00
<ul> <li>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li></ul>	(b) Levin Funds (from Schedule H5)		
12, 13, 14, 15, 16, 17, and 18(c))       9128.60       18480.30         20. Total Federal Receipts       18480.30	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))       9128.60       18480.30         20. Total Federal Receipts       18480.30			
20. Total Federal Receipts			
	12, 13, 14, 15, 16, 17, and 18(c))►	9128.60	18480.30
	20. Total Federal Receipts		
		9128.60	18480.30

I

#### DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
. Op (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.0
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating Expenditures	0.00	750.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	750.00
	ansfers to Affiliated/Other Party mmittees	0.00	0.00
Co	ntributions to deral Candidates/Committees d Other Political Committees	0.00	0.00
Ind	lependent Expenditures		
Co	se Schedule E) ordinated Party Expenditures U.S.C. \$441a(d))	0.00	0.00
(us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lo	an Repayments Made	0.00	0.00
	ans Made funds of Contributions To:	0.00	0.00
	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		
(u)	(add Lines 28(a), (b), and (c))►	0.00	0.00
Otl	ner Disbursements	7750.00	8800.00
Fe (a)	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
(~)	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
(b)	(ii) "Levin" Share Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.0
(C)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	al Disbursements (add Lines 21(c), 22,		
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	7750.00	9550.0
	al Federal Disbursements Ibtract Line 21(a)(ii) and Line 30(a)(ii)		
	m Line 31)	7750.00	9550.00

FE6AN026

L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	9128.60	18480.30
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	9128.60	18480.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	750.00
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	0.00	750.00

FE6AN026

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	X	11a 13		11b		11c		12 16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	statements ma e name and a	ay not be sold or used by any pendotreas of any political committee	erson for to sol	or the	purp ntrib	pose	of s is fro	oliciting	ען וסס ן ר רכ	ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA											
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt	:				
	Mailing Address 5658 Tynecastle Loop				м м 04	/		D 10	/ Y	2(	015	Y
	City Dublin	State OH	Zip Code 43016	A			-		A11AI.: ceipt th		-	
	FEC ID number of contributing federal political committee.	С					7	~£ ¢	,	_	40	00
	Name of Employer	Occupation		pa	ayroll d	edu	ction	of \$	40			
	Motorists Life Insurance Compa Receipt For:	President N	-	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00									
в.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt	:				
	Mailing Address 5658 Tynecastle Loop				м м 04	/		24	/ Y	ү 20	y )15	Y
	City Dublin	State OH	Zip Code 43016						A11AI.2			
	FEC ID number of contributing federal political committee.	C			Announn	. 01	1 J		ceipt th		40.	00
	Name of Employer Motorists Life Insurance Compa	Occupation President M		— pa	yroll de	eduo	ction	of \$⊿	40			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
C.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt	:				
	Mailing Address 5658 Tynecastle Loop				м м 05	/		D 08	/ Y		)15	Y
	City Dublin	State OH	Zip Code 43016	A					A11AI.			
	FEC ID number of contributing federal political committee.	С					7		7	_	40	00
	Name of Employer	Occupation	1	pa	ayroll d	ledu	iction	of \$	40			
	Motorists Life Insurance Compa	President N	/LIC									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00									
s	UBTOTAL of Receipts This Page (optional)		······ •				7		7		120.	00
т	OTAL This Period (last page this line number	only)	•	. [			7		7			

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			Detailed Summary Page		11a 13		11b	-	11c 15		12 16	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson f	for the	pur ntrib	pose	e of s	oliciting	COI 1 CO	ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			_	Date of	Re		pt	/ Y	Y	Y	Y
	City Dublin	State OH	Zip Code 43016						A11AI.: ceipt th	2283		
	FEC ID number of contributing federal political committee.	С			Anount	. 01	1		,	13 1	40.	00
	Name of Employer Motorists Life Insurance Compa Receipt For:	Occupation President M		— p	ayroll d	edu	uctio	on of \$	640			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00									
в.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	eceip	pt				
	Mailing Address 5658 Tynecastle Loop City	State	Zip Code		06	1	L	05	/ Y		15	Y
	Dublin	OH	43016						A11AI.2 ceipt th			
	FEC ID number of contributing federal political committee.	С					J		7		40.	00
	Name of Employer Motorists Life Insurance Compa	Occupation President N		pa	ayroll de	edu	ictior	n of \$	40			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00									
C.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	eceip	pt				
	Mailing Address 5658 Tynecastle Loop		7.0.1		м м 06	/	L	19	/ Y	20	)15	Y
	City Dublin	State OH	Zip Code 43016						Ceipt th			
	FEC ID number of contributing federal political committee.	С					7				40.	00
	Name of Employer	Occupation	I	P	ayroll d	ledu	uctio	on of \$	640			
	Motorists Life Insurance Compa	President N	ILIC									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00									
s	UBTOTAL of Receipts This Page (optional)		•				,		7	Ξ	120.(	00
т	OTAL This Period (last page this line number c	only)		-			7		9	_		

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11		11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pos	se of s	olicitin		ntribut	ions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) David R. Benseler				Date of	Re	ecei	ipt				
	Mailing Address 2746 Sandhurst Dr.				м м 04	/		24	/ Y	ү 2	у 015	Y
	City Lewis Center	State OH	Zip Code 43035	A			-		A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С					,		,	_	25.	00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		pa	ayroll c	ontr	ribu	ition of	\$25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
В.	Full Name (Last, First, Middle Initial) David R. Benseler			C	Date of	Re	ecei	ipt				
	Mailing Address 2746 Sandhurst Dr.				м м 05	1		08 0	/ Y	20	у 015	Y
	City Lewis Center	State OH	Zip Code 43035						A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С					7		7	_	25.	00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VI		— pa	yroll co	ontri	ibut	tion of	\$25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) David R. Benseler			C	Date of	Re	ecei	ipt				
	Mailing Address 2746 Sandhurst Dr.				м м 05	/	ľ	22	/ Y		у 015	Y
	City Lewis Center	State OH	Zip Code 43035	A					<b>A11AI</b> ceipt th			
	FEC ID number of contributing federal political committee.	С					7			_	25	00
	Name of Employer	Occupation		pa	ayroll c	ontr	ribu	ition of	\$25			
	Motorist Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Assistant V Aggregate	P Year-to-Date ▼ 275.00									
s	UBTOTAL of Receipts This Page (optional)		•••••				-				75.	00
т	OTAL This Period (last page this line number c	only)	······				,		,			

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the				oliciting		ntributi	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) David R. Benseler				Date of		· ·					
	Mailing Address 2746 Sandhurst Dr. City	State	Zip Code	-	06 Trans			05 ID : S	/ Y A11AL	20	015 <b>44</b>	Y
	Lewis Center FEC ID number of contributing	он	43035		Amount	of	Eac	h Red	ceipt th	is P	eriod 25.	00
	federal political committee. Name of Employer	Occupation		— pa	ayroll c	ontr	ibuti	ion of	\$25	-		
	Motorist Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Assistant V Aggregate	P Year-to-Date ▼ 300.00									
в.	Full Name (Last, First, Middle Initial)         David R. Benseler         Mailing Address 2746 Sandhurst Dr.				Date of	Re /		ot	/ Y	Y	Y	Y
	City Lewis Center	State OH	Zip Code 43035		06 <b>Trans</b> a Amount		on I			2284		
	FEC ID number of contributing federal political committee.	С					7		, ¢or	_	25.	00
	Name of Employer Motorist Mutual Ins. Co. Receipt For:	Occupation Assistant V		— pa	ayroll co	ontri	IDUTIO	onor	\$25			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00									
C.	Full Name (Last, First, Middle Initial) John J. Bishop				Date of	Re	eceip	ot				
	Mailing Address 1390 Picardae Court	State	Zip Code		04	/		28		20	)15 25	Y
	Powell	OH	43065		Amount				A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С			eposit		7	_	7	_	1000.	00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	1		oposit							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional)						,		7		1050.0	00
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Ar	y information copied from such Reports and	Statements ma	av not be sold or used by any no	erson	13 for the	DUr	14 pose of	15 soliciting	C0	16 ntribut	17 ions
	for commercial purposes, other than using the										
$\square$	NAME OF COMMITTEE (In Full)										
	MOTORISTS MUTUAL INSUR	ANCE CC	DMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers				Date of	Re	eceipt				
	Mailing Address S86 W33540 Short Drive				M M		D		Y	Y	Y
					05	Ľ	08			015	
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	228	52	
	Mukwonago	WI	53149-9306	_	Amount	t of	Each F	Receipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7		125.	
	Name of Employer	Occupation	I	-	payroll d	ledu	uction of	\$125			
	Wilson Mutual Ins. Co.	Director									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General Other (specify) ▼		250.00	11							
	Other (specify)		7 7 7	4							
— B	Full Name (Last, First, Middle Initial) Mr. Grady Campbell				Date of	Re					
υ.	Mailing Address 5760 Whispering Trail				M M		D		Y	Y	Y
					04		24		20	015	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AL	2287	72	
	Galena	OH	43021	_	Amount	of	Each F	Receipt th	is F	eriod	
	FEC ID number of contributing federal political committee.	С					7	5		25.	00
	Name of Employer	Occupation		-	bayroll d	edu	ction of	\$25			
	Motorists Mutual Ins. Co.	Sr. VP Mark	ceting Services & PL								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary     General       Other (specify) ▼		225.00								
	Full Name (Last, First, Middle Initial)			-							
C.	Mr. Grady Campbell				Date of	Re	eceipt				
	Mailing Address 5760 Whispering Trail				м м 05	/	D I I 08	) / Y		)15 )	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	228	73	
	Galena	OH	43021		Amount	t of	Each F	Receipt th	is F	eriod	
	FEC ID number of contributing federal political committee.	С					,			25	.00
	Name of Employer	Occupation	I	-	payroll d	ledu	uction of	\$25			
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	11							
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)			 ►			5	3		175.	00

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

# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUND	
A. Mr. Grady Campbell Mailing Address 5760 Whispering Trail			Date of Receipt
City Galena	State OH	Zip Code 43021	05 22 2015 Transaction ID : SA11AI.22874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:		keting Services & PL	payroll deduction of \$25
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	
B. Mr. Grady Campbell Mailing Address 5760 Whispering Trail			Date of Receipt
City	State	Zip Code	06 05 2015 Transaction ID : SA11AI.22875
Galena FEC ID number of contributing federal political committee.	ОН	43021	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marl	n keting Services & PL	payroll deduction of \$25
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell			Date of Receipt
Mailing Address 5760 Whispering Trail			06 / Y Y Y Y Y 2015
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.22876           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Ins. Co.	Occupatior Sr. VP Mar	n keting Services & PL	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional).			75.00

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	$\vdash$	11c 15	$\left  - \right $	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the								oliciting			ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt					
	Mailing Address 9240 Griggs Rd City	State	Zip Code		M M 04 Trans		1(	5	/ Y	20	015 16	Y
	Englewood	FL	34224						ceipt thi			
	FEC ID number of contributing federal political committee.	С					<b>7</b>		,	_	70.	10
	Name of Employer	Occupation		p	ayroll d	edu	ction c	of \$	70.10			
	Motorists Mutual Insurance Co. Receipt For:	Director	Vaar ta Data 🗮	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 635.80									
B.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt					
	Mailing Address 9240 Griggs Rd				м м 04	/	24		/ Y	ү 20	) 15	Y
	City Englewood	State FL	Zip Code 34224						A11AI.2 ceipt thi			
	FEC ID number of contributing federal political committee.	С					,				25.	00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		— pa	ayroll de	edu	ction o	f \$2	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.80									
c.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt					
	Mailing Address 9240 Griggs Rd				м м 04	/	D 24		/ Y		) 15	Y
	City Englewood	State FL	Zip Code 34224						A11AI.			
	FEC ID number of contributing federal political committee.	С			Anount	U		ne		51	70.	10
	Name of Employer	Occupation		p	ayroll d	edu	iction c	of \$	570.10			
	Motorists Mutual Insurance Co.	Director										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) 🔻	L	730.90									
s	UBTOTAL of Receipts This Page (optional)		•••••				,		7		165.2	20
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			Detailed Summary Page		13		14	15		16	17					
	y information copied from such Reports and S for commercial purposes, other than using the															
$\setminus$	NAME OF COMMITTEE (In Full)															
	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			[	Date of	f Re	eceipt									
	Mailing Address 9240 Griggs Rd				м м 05	/	08			ү 015	Y					
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	229	18						
	Englewood	FL	34224	A	Amoun	t of	Each F	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					,	7	_	70	.10					
	Name of Employer	Occupation		— p;	ayroll c	ledu	iction o	f \$70.10								
	Motorists Mutual Insurance Co.	Director														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) ▼		801.00	]												
	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	f Re	eceipt									
	Mailing Address 9240 Griggs Rd			05 08 2015												
	City	State	Zip Code	Transaction ID : SA11AI.22922												
	Englewood	FL	34224	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7		_	50.	.00					
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		— ра	ayroll d	edu	ction of	\$50								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 851.00													
	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	f Re	eceipt									
	Mailing Address 9240 Griggs Rd				м м 05	/	22			015	Y					
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.229	19						
	Englewood	FL	34224	/	Amoun	t of	Each F	Receipt th	nis F	Period						
	FEC ID number of contributing federal political committee.	-									.10					
	Name of Employer	Occupation	I	p	ayroll c	dedu	uction o	f \$70.10								
	Motorists Mutual Insurance Co.	Director														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		921.10													
s	UBTOTAL of Receipts This Page (optional)						7			190.	20					
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			Detailed Summary Page		11a 13		11k		11c 15		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose	e of s	oliciting		ntribut	ions
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			[	Date of	Re	eceip	pt				
	Mailing Address 9240 Griggs Rd				м – м 06	/		05	/ Y		) 15	Y
	City Englewood	State FL	Zip Code 34224						A11AI.			
	FEC ID number of contributing federal political committee.	С					7		,	_	70.	10
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	1	p;	ayroll d	edu	ictio	on of \$	70.10			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 991.20									
в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	eceip	pt				
	Mailing Address 9240 Griggs Rd				06 / D D / Y Y Y Y 06 19 2015							
	City Englewood	State FL	Zip Code 34224						A11AI.2 ceipt th			
	FEC ID number of contributing federal political committee.	С					7		70.40	_	70.	10
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	1	_ pa	ayroll de	eau	Ctioi	n of \$	70.10			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1061.30									
C.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	Re	eceip	pt				
	Mailing Address 63 Penacook Rd.				м м 04	1	D	24	/ Y		) 15	Y
	City Contoocook	State NH	Zip Code 03229						<b>A11AL</b> ceipt th			
	FEC ID number of contributing federal political committee.	С					7		,	_	25.	00
	Name of Employer	Occupation	1	p	ayroll d	eau	ICTIO	on of \$	525			
	Phenix Mutual Receipt For:	President	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		225.00									
s	UBTOTAL of Receipts This Page (optional)						,		3		165.2	20
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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••			Detailed Summary Page		11a 13		11b 14	$\vdash$	11c 15		12 16	17				
	ny information copied from such Reports and for commercial purposes, other than using t								oliciting	cont	tributi	ons				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND													
Α.				C	Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.	State	Zip Code		M M 05		C	08	/ Y	201		Y				
	Contoocook	NH	03229	A					ceipt th							
	FEC ID number of contributing federal political committee.	С					7	5	7	Ξ	25.0					
	Name of Employer	Occupation	1	— ра	ayroll d	ledu	iction	of \$2	25							
	Phenix Mutual Receipt For:	President	Veer te Dete 🗮	_												
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.00		1											
В.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.				м м 05	1	2	D 22	/ Y	y 201		Y				
	City Contoocook	State NH	Zip Code 03229		Transaction ID : SA11AI.22951 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			inouni		Each	Rec	, seipt th	is Pe	25.0	00				
	Name of Employer Phenix Mutual	Occupation President	1	— pa	iyroll d	edu	ction	of \$2	25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]												
<u>с</u> .	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.				м м 06	/		D 05	/ Y	y 201		Y				
	City Contoocook	State NH	Zip Code 03229	A					A11AI. ceipt th							
	FEC ID number of contributing federal political committee.	С					7		7		25.	00				
	Name of Employer	Occupation	1	pa	ayroll d	ledu	lction	of \$	25							
	Phenix Mutual Receipt For:	President														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]												
s	UBTOTAL of Receipts This Page (optional)						7		7	-	75.0	0				
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NAME OF COMMITTE MOTORISTS N	E (In Full) IUTUAL INSURA	NCE CC	MPANY C	IVIC FUND									
Full Name (Last, First, Rolf H. Gesen	Middle Initial)				(	Date of	Re	ceipt					
Mailing Address 63 Pe	nacook Rd.					м м 06	/	D 19		/ Y		) 15	Y
City Contoocook		State NH	Zip Code 03229			Trans		-		A11AI.: eipt th			
FEC ID number of cor federal political commi	0	C						7				25.	00
Name of Employer Phenix Mutual		Occupation President			— p;	ayroll d	edu	ction o	of \$2	25			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼	325.00									
Full Name (Last, First, <b>B.</b> Mrs. Susan E. Ha	iack					Date of	Re	· .					
Mailing Address 7494	Heffley Court					м м 04	<i>'</i>	24		/ Y	20	15	Y
City Canal Winchester		State OH	Zip Code 43110			Trans				A11AI.2 eipt th			
FEC ID number of cor federal political commi	0	С						,		y	_	25.	00
Name of Employer The Motorists Insurance	e Group	Occupation Sr. VP, Trea	asurer and CFO		— pa	ayroll de	educ	ction of	f \$2	5			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼	225.00									
Full Name (Last, First, Mrs. Susan E. H						Date of	Re	ceipt					
Mailing Address 7494	Heffley Court					м м 05	/	08		/ Y	20 <sup>-</sup>	ү 15	Y
City Canal Winchester		State OH	Zip Code 43110			Trans				A11AL			
FEC ID number of cor federal political commi	0	С						7		J		25.	00
Name of Employer		Occupation			p	ayroll d	ledu	ction c	of \$2	25			
The Motorists Insurance Receipt For:	e Group		asurer and CFO		_								
Primary Other (specify)	General	Aggregate	Year-to-Date ▼	250.00									
SUBTOTAL of Receipts	This Page (optional)										_	75.0	00
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	y information copied from such Reports and S for commercial purposes, other than using the				or the	purpo	ose of	soliciting		ntribut	tions						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA																
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			[	Date of	f Rec	eipt										
	Mailing Address 7494 Heffley Court				м м 05	/	22	) / Y		015	Y						
	City Canal Winchester	State OH	Zip Code 43110					SA11AI.2 Receipt thi									
	FEC ID number of contributing federal political committee.	С				,		фог	_	25	.00						
	Name of Employer	Occupation	1	payroll deduction of \$25													
	The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00														
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	f Rec	eipt										
	Mailing Address 7494 Heffley Court				м м 06	1	05	/ Y	ү 20	)15	Y						
	City Concl.Winchester	State OH	Zip Code					SA11AI.2									
	Canal Winchester FEC ID number of contributing federal political committee.	C	43110		Amount	t of E	ach H	leceipt th	is P	'eriod 25.	.00						
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	— pa	ayroll d	educt	tion of	\$25									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00														
<u>с</u> .	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	f Rec	eipt										
	Mailing Address 7494 Heffley Court				м м 06	/	D 19	) / Y		) 15	Y						
	City Canal Winchester	State OH	Zip Code 43110					SA11AI.: leceipt thi									
	FEC ID number of contributing federal political committee.	С		25.00													
	Name of Employer	Occupation	I	p;	ayroll o	ieauc		920									
	The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00														
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			Detailed Summary Page		11a		11b	11c		12						
			Detailed Summary Fage		13		14	15		16	17					
	y information copied from such Reports and S for commercial purposes, other than using the															
$\setminus$	NAME OF COMMITTEE (In Full)															
	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Kirk Hennen				Date of	f Re	ceipt									
	Mailing Address 2860 Wynridge Drive				м м 05	/	22			015	Y					
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	230	05						
	Grove City	OH	43123	_ /	Amount	t of	Each F	Receipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С			20.00											
	Name of Employer	Occupation	l	— р	ayroll d	ledu	ction of	\$20								
	Motorists Mutual Insurance Co	AVP, Sales	- West Zone													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General															
	Other (specify)		220.00													
В.	Full Name (Last, First, Middle Initial) Kirk Hennen				Date of	f Re	ceipt									
	Mailing Address 2860 Wynridge Drive			06 05 2015												
	City	State	Zip Code	Transaction ID : SA11AI.23006												
	Grove City	ОН	43123	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7	7		20.	00					
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Sales	- West Zone	— pa	ayroll d	eduo	ction of	\$20								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		-											
<u> </u>	Full Name (Last, First, Middle Initial) Kirk Hennen				Date of	f Re	ceipt									
	Mailing Address 2860 Wynridge Drive				м – м 06	/	19			у 015	Y					
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.23007 Amount of Each Receipt this Period												
	FEC ID number of contributing															
	federal political committee.	С			avroll o	ledu	, iction of	f \$20	_	20	.00					
	Name of Employer	Occupation	l		ayron c	louu		ΨZU								
	Motorists Mutual Insurance Co	AVP, Sales	- West Zone													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		260.00													
			7													
s	UBTOTAL of Receipts This Page (optional)						,	- 7	-	60.	00					
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			Detailed Summary Page		11a 13		11b 14		11c	_	12 16	17
	y information copied from such Reports and Si for commercial purposes, other than using the				or the		pose c	of so	liciting	con	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA											
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			1	Date of	Re	ceipt					
	Mailing Address 7925 Greenside Lane				м м 04	/	D 1(		/ Y	ү 20	15	Y
	City Worthington	State OH	Zip Code 43235						<b>11AI.2</b> eipt this			
	FEC ID number of contributing federal political committee.	С					,				30.	00
	Name of Employer	Occupation		p	ayroll d	edu	ction c	of \$30	0			
	Motorists Mutual Ins Co Receipt For:	Executive V										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00									
в.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	ceipt					
	Mailing Address 7925 Greenside Lane				M M 04	/	24		/ Y	ү 201	15	Y
	City Worthington	State OH	Zip Code 43235						11AI.23			
	FEC ID number of contributing federal political committee.	C	43233		Amount	OT	Eacn	Rece	eipt this	; Pe	əriod 30.(	00
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		— pa	ayroll de	eduo	ction o	of \$30	)			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00									
С.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	ceipt					
	Mailing Address 7925 Greenside Lane				м м 05	/	D 08		/ Y	ү 201	ү 15	Y
	City Worthington	State OH	Zip Code 43235						11AI.2 eipt this			
	FEC ID number of contributing federal political committee.	С					,				30.	00
	Name of Employer	Occupation		p	ayroll d	edu	iction o	of \$3	0			
	Motorists Mutual Ins Co	Executive V	/P & COO									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)			.							90.0	00
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	y information copied from such Reports and S for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full)																
	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND														
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date o	f Re	eceipt										
	Mailing Address 7925 Greenside Lane				м м 05	/	22			у 015	Y						
	City	State OH	Zip Code 43235					SA11AI.									
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	FEC ID number of contributing federal political committee.	С					,		_	30.	.00						
	Name of Employer	Occupation	1	p	ayroll	dedu	uction of	\$30									
	Motorists Mutual Ins Co	Executive \	/P & COO														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		330.00														
в.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date o	f Re	eceipt										
	Mailing Address 7925 Greenside Lane				м м 06	/	05			у 015	Y						
	City	State	Zip Code	Transaction ID : SA11AI.23032 Amount of Each Receipt this Period													
	Worthington	OH	43235		Amoun	t of	Each F	Receipt th	nis P	'eriod							
	FEC ID number of contributing federal political committee.	С					7	. 7	_	30.	00						
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		— p	ayroll d	ledu	ction of	\$30									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00														
с.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date o	f Re	eceipt										
	Mailing Address 7925 Greenside Lane				<sup>M</sup> M	/	D 19			у 015	Y						
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.23033 Amount of Each Receipt this Period													
	FEC ID number of contributing	_		-	Amoun		Each	receipt ti	lis P	renoa	_						
	federal political committee.	С		30.00 payroll deduction of \$30													
	Name of Employer	Occupation			ayron (			<b>\$</b>									
	Motorists Mutual Ins Co	Executive \	/P & COO	_													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_													
	Other (specify) ▼		390.00														
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	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	fsoliciting		ntribut	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA								nom suc		<u>, , , , , , , , , , , , , , , , , , , </u>	50.
A.	Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road				_	Date of		ceipt		Y	Y	Y
	City	State	Zip Code			05		22		20	015	
	Johnstown	ОН	43031		_				Receipt th			
	FEC ID number of contributing federal political committee.	C				ayroll d		ction of	f \$20	_	20.	
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC				.,			• -			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00								
в.	Full Name (Last, First, Middle Initial) John C. Kessler					Date of	Re	ceipt				
	Mailing Address 3910 Caswell Road					м м 06	/	05			) 15	Y
	City Johnstown	State OH	Zip Code 43031						SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С						,		_	20.	00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO			— p;	ayroll de	edu	ction of	\$20			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00								
c.	Full Name (Last, First, Middle Initial)					Date of	Re	ceipt				
	Mailing Address 3910 Caswell Road					м м 06	/	D 19			) 15	Y
	City Johnstown	State OH	Zip Code 43031						: <b>SA11AI</b> Receipt th			_
	FEC ID number of contributing federal political committee.	С						,			20	00
	Name of Employer	Occupation			p	ayroll d	ledu	iction of	f \$20			
	Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	VP and CIC Aggregate	) Year-to-Date ▼	260.00								
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Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be sold or used by any pe address of any political committee	erson t to so	for the licit cor	pur ntrib	pose outions	of s	soliciting	j cor 1 co	ntribut mmitte	ions e.	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.			_	Date of	Re	eceipt	D	/ Y	Y	Y	Y	
	City Dublin	State OH	Zip Code 43016				ion ID		SA11AI.	2304			
	FEC ID number of contributing federal political committee.	С					7		eceipt th	IS P	25.	00	
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation     payroll deduction of \$25       Vice President     Aggregate Year-to-Date ▼											
	Primary General Other (specify) ▼		225.00										
в.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.			_	Date of	Re	eceipt	D	/ Y	Y	Y	Y	
	City Dublin	State OH	Zip Code 43016				ion ID		SA11AI.: eceipt th	2304			
	FEC ID number of contributing federal political committee.	С			ayroll de	edu	, ction (	of ¢	225	_	25.	00	
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Vice Preside	ent		ayron u	cuu	CUOIT	υų	20				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
C.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.				Date of	Re	· ·				Y		
	City	State	Zip Code		05	act		22	SA11AI.	20	)15	Ŷ	
	Dublin FEC ID number of contributing	ОН	43016	_	Amount	of	Each	Re	eceipt th	is P		00	
	federal political committee.	Occupation		P	ayroll d	ledu	uction	of S	\$25	-	25.	00	
	Motorists Mutual Ins. Company Receipt For:	Vice Presid											
	Primary General Other (specify) ▼		275.00										
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			Detailed Summary Page		11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose		oliciting		ntribut	ions
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	)								
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.				Date of							
	City	State	Zip Code		06 Trans		(	05 D:S	A11AL.	20	015 <b>45</b>	Y
	Dublin	OH	43016		Amount	of	Each	n Ree	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	~£ @	,	_	25.	00
	Name of Employer	Occupation		p	ayroll d	edu	iction	of \$2	25			
	Motorists Mutual Ins. Company Receipt For:	Vice Presid		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
в.	Full Name (Last, First, Middle Initial) Anne B. King				Date of	Re	eceipt	t				
	Mailing Address 6934 Roundwood Ct.				м м 06	/		D 19	/ Y	ү 20	) 15	Y
	City Dublin	State OH	Zip Code 43016						A11AI.2 ceipt th			
	FEC ID number of contributing federal political committee.	С			Anount	. 01	1			13 1	25.	00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		— pa	ayroll de	edu	ction	of \$2	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]								
C.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin				Date of	Re	eceipt	t				
	Mailing Address 728 South 29th Street				м м 05	1		D 22	/ Y		) 15	Y
	City Manitowoc	State WI	Zip Code 45220						A11AI.			
	FEC ID number of contributing federal political committee.	С					7				20.	00
	Name of Employer	Occupation	1	p	ayroll d	ledu	uction	n of \$	20			
	Wilson Mutual Ins. Co.	V.P. Agenc	y Operations									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		220.00									
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Image: Second State St	17
NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A.       Mr. Michael S Lappin         Mailing Address 728 South 29th Street         City       State       Zip Code         Manitowoc       WI       45220         FEC ID number of contributing federal political committee.       C       20.00         Name of Employer       Occupation       20.00         Wilson Mutual Ins. Co.       V.P. Agency Operations       payroll deduction of \$20         Primary       General       Aggregate Year-to-Date ▼       240.00         Full Name (Last, First, Middle Initial)       Mr. Michael S Lappin       Date of Receipt         Mailing Address 728 South 29th Street       Date of Receipt	
A.       Mr. Michael S Lappin       Date of Receipt         Mailing Address 728 South 29th Street       06       05       2015         City       State       Zip Code       Transaction ID : SA11AL23063         Manitowoc       WI       45220       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       20.00         Name of Employer       Occupation       V.P. Agency Operations         Wilson Mutual Ins. Co.       V.P. Agency Operations       Aggregate Year-to-Date ▼         Primary       General       Qther (specify) ▼       240.00         Full Name (Last, First, Middle Initial)       Mr. Michael S Lappin       Date of Receipt         Mailing Address 728 South 29th Street       Mr. M / D.D / Y.Y.Y.Y.	
City       State       Zip Code         Manitowoc       WI       45220         FEC ID number of contributing       C       20.00         FEC ID number of contributing       C       20.00         Name of Employer       Occupation       V.P. Agency Operations         Wilson Mutual Ins. Co.       V.P. Agency Operations       Aggregate Year-to-Date ▼         Primary       General       240.00       Date of Receipt         Full Name (Last, First, Middle Initial)       Mr. Michael S Lappin       Date of Receipt         Mailing Address 728 South 29th Street       MM / D D / YEYEY       MM / D D / YEYEY	
Manitowoc       WI       45220         FEC ID number of contributing federal political committee.       C       20.00         Name of Employer       Occupation       vilson Mutual Ins. Co.       Primary         Wilson Mutual Ins. Co.       V.P. Agency Operations       Aggregate Year-to-Date ▼       payroll deduction of \$20         Primary       General       Other (specify) ▼       240.00       Date of Receipt         B.       Mr. Michael S Lappin       Date of Receipt       Mailing Address 728 South 29th Street       Mailing Address 728 South 29th Street	
FEC ID number of contributing federal political committee.       C       20.00         Name of Employer       Occupation       payroll deduction of \$20         Wilson Mutual Ins. Co.       V.P. Agency Operations       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       240.00         B.       Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 728 South 29th Street       Date of Receipt	
Wallson Mutual Ins. Co.     V.P. Agency Operations       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     240.00         Full Name (Last, First, Middle Initial)       Mr. Michael S Lappin       Mailing Address 728 South 29th Street	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       240.00         B.       Full Name (Last, First, Middle Initial)         Mr. Michael S Lappin       Date of Receipt         Mailing Address 728 South 29th Street       Mr. Y P Y Y Y	
Primary       General         Other (specify)       ✓         Full Name (Last, First, Middle Initial)         Mr. Michael S Lappin         Mailing Address 728 South 29th Street	
B. Mr. Michael S Lappin     Date of Receipt       Mailing Address 728 South 29th Street     Mem / DeD / YEYEY	
City     State     Zip Code     Transaction ID : SA11AI.23064       Manitowoc     WI     45220     Amount of Each Receipt this Period	
Manitowoc     WI     45220     Amount of Each Receipt this Period       FEC ID number of contributing federal political committee.     C     20.00	
Name of EmployerOccupationpayroll deduction of \$20Wilson Mutual Ins. Co.V.P. Agency Operations	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       260.00	
Full Name (Last, First, Middle Initial)       Date of Receipt         C. Mr. Todd Lawrence       Date of Receipt	
Mailing Address 116 Clarke Lane       M M / D D / Y Y Y Y         04       24	
City     State     Zip Code     Transaction ID : SA11AI.23066       Hopkinton     NH     03229     Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	
Name of Employer Occupation payroll deduction of \$25	
Phenix Mutual Fire Ins. Co. Sr. V.P.	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     225.00	
SUBTOTAL of Receipts This Page (optional)	٦
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		Detailed Summary Page		-		11b 14		11c	12	47
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	•			llicit cor	ntrib	outions	s fron	n such	commit	tee.
/       Full Name (Last, First, Middle Initial)         A.       Mr. Todd Lawrence         Mailing Address       116 Clarke Lane				Date of	_	· ·		/ Y	YYY	Y
City Hopkinton	State NH	Zip Code 03229				ion ID		11AI.2	2015 <b>3067</b> s Period	
FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For:	C Occupation Sr. V.P. Aggregate	Year-to-Date ▼ 250.00	p	ayroll d		uction	of \$2	5	25	5.00
Full Name (Last, First, Middle Initial) B. Mr. Todd Lawrence Mailing Address 116 Clarke Lane			_	Date of	F Re	eceipt		/ Y	YY	Y
City Hopkinton FEC ID number of contributing	State NH	Zip Code 03229				ion ID		11AI.2: eipt this	s Period	_
federal political committee.          Name of Employer         Phenix Mutual Fire Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Sr. V.P. Aggregate	Year-to-Date ▼ 275.00	pa	ayroll de		ction o		5	25	.00
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane				Date of	F Re	D		/ Y	2015	Y
City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: ☐ Primary _ General Other (specify) ▼	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 300.00		Trans	t of	ion ID Each	D : SA	,	3 <b>070</b> s Period	5.00
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	y information copied from such Reports and S for commercial purposes, other than using the					for the		pose		oliciting		ntribut	ions
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	DM	PANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence					Date of	Re	eceip	ot				
	Mailing Address 116 Clarke Lane	Otels		Zie Oada		м м 06			D 19	/ Y	20	015	Y
	City Hopkinton	State NH		Zip Code 03229						A11AI.2			
	FEC ID number of contributing federal political committee.	С						,		,	_	25.	00
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	۱		p	ayroll d	edu	ictior	n of \$	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 325.00									
в.	Full Name (Last, First, Middle Initial) Mr. David W. Lemon					Date of	Re	eceip	ot				
	Mailing Address 345 Southshore Drive					м м 04	/		24	/ Y	ү 20	)15	Y
	City Greenback	State TN		Zip Code 37742						A11AI.2 ceipt thi			
	FEC ID number of contributing federal political committee.	С						7		7	_	125.	00
	Name of Employer American Hardware Mutual Ins.	Occupation Director	ו		— p	ayroll de	edu	ction	n of \$′	125			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.00									
C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken					Date of	Re	eceip	ot				
	Mailing Address 2135 Hunters Ridge Court					м м 04	/	D	10	/ Y		)15	Y
	City Manitowoc	State WI		Zip Code 54220						A11AI.			
	FEC ID number of contributing federal political committee.	С						7		7	_	45.	00
	Name of Employer	Occupation	۱		F	ayroll d	edu	uction	n of \$	45			
	Motorists Mutual Ins. Co. Receipt For:	Director	Voa	r-to-Date ▼	_								
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b		11c		r	47
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNE	)								
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc	State WI	Zip Code 54220		Date o 04 Trans Amoun	sacti	ion IE	24 D : S	SA11AI.		5	
FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary         General         Other (specify) ▼	C Occupation Director Aggregate	Year-to-Date ▼ 405.00	]	payroll o	dedu	uction	of \$	45		45.0	0
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee.	State WI	Zip Code 54220		Date o 05 Trans Amoun	/ sacti	ion IC	08 <b>) : S</b>	/ Y A11AI. ceipt th			0
Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 450.00	F	ayroll d	ledu	ction	of \$4	45			
Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary         General         Other (specify) ▼	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼ 495.00		Date o 05 Trans Amoun	/ sacti t of	ion II Each	22 D : S	,	2019 . <b>23094</b>		0
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR			e to so	olicit	CO	ntrib	butio	ons fr	om such	1 COM	mitte	e.
/	Full Name (Last, First, Middle Initial)												
Α.					Date	e o	f Re	ecei	pt				
	Mailing Address 2135 Hunters Ridge Court					м 6	/	/	05	/ Y	ү 201		Y
	City Manitowoc	State WI	Zip Code 54220							SA11AL			
		VVI	54220	_	Amo	bun	t of	Ea	ch Re	eceipt th	is Pei	riod	_
	FEC ID number of contributing federal political committee.	С			L							45.0	00
	Name of Employer	Occupation			bayro		ieal	UCTIC	on of §	\$45			
	Motorists Mutual Ins. Co.	Director											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00										
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date	e o	f Re	ecei	pt				
	Mailing Address 2135 Hunters Ridge Court					м )6	/		19	/ Y	201		Y
	City	State	Zip Code							SA11AI.2			_
	Manitowoc	WI	54220	_	Amo	bun	t of	Ea	ch Re	eceipt th	is Pei	riod	
	FEC ID number of contributing federal political committee.	С				_						45.0	00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		— p	bayrc	oll d	edu	uctio	on of \$	645			
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date	e 0'	f Re	ecei	pt				
	Mailing Address 4612 Club Dr., Unit 201					™ )4	/		10	/ Y	201		Y
	City Port Charlotte	State FL	Zip Code 33953							SA11AI.			
	FEC ID number of contributing federal political committee.	С						7		- 7	_	50.0	00
	Name of Employer	Occupation	I	- '	payr	oll c	dedu	uctio	on of S	\$50			
	Retired from MIG	Director											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		400.00										
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			Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND								
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	· .				
	Mailing Address 4612 Club Dr., Unit 201	Chata	Zip Code		04	/	24		2	015	Y
	City Port Charlotte	State FL	33953	_			-	<b>: SA11A</b> Receipt t		-	
	FEC ID number of contributing federal political committee.	С					,			50	.00
	Name of Employer Retired from MIG	Occupation Director	1		payroll d	edu	ction o	f \$50			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	ceipt				
	Mailing Address 4612 Club Dr., Unit 201				05	/	08		2	015	Y
	City Port Charlotte	State FL	Zip Code 33953					SA11AI Receipt t			
	FEC ID number of contributing federal political committee.	C					,		_	50	.00
	Name of Employer Retired from MIG	Occupation Director	1		payroll d	edu	ction of	\$50			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	ceipt				
	Mailing Address 4612 Club Dr., Unit 201				м м 05	/	D 22			015	Y
	City Port Charlotte	State FL	Zip Code 33953	_				<b>: SA11A</b> Receipt t			
	FEC ID number of contributing federal political committee.	С					, .		_		.00
	Name of Employer	Occupation	1		payroll d	ledu	iction o	f \$50			
	Retired from MIG	Director									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
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	ny information copied from such Reports and S for commercial purposes, other than using the						ose of	soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR										
Α.	Mailing Address 4612 Club Dr., Unit 201				Date of	_	ceipt 05	) / Y		015	Ŷ
	City Port Charlotte	State FL	Zip Code 33953	4				SA11AL			
	FEC ID number of contributing federal political committee.	С					,		_	50.	.00
	Name of Employer Retired from MIG Receipt For:	Occupation Director		p;	ayroll d	leduo	ction of	\$50			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00								
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201				Date of		D D	) / Y	Y		Y
	City Port Charlotte	State FL	Zip Code 33953					SA11AI.2 Receipt th	2310		
	FEC ID number of contributing federal political committee.	С					,	,	_	50.	00
	Name of Employer Retired from MIG	Occupation Director		pa	ayroli d	eauc	ction of	\$50			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00								
с.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			[	Date of	f Red	ceipt				
	Mailing Address 1026 Loch Ness Avenue				м м 04	/	D 24			) 15	Y
	City Worthington	State OH	Zip Code 43085					SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	25	.00
	Name of Employer	Occupation	1	p	ayroll c	eau	ction of	\$25			
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND								
<u> </u>	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date c	of Re	eceipt				
	Mailing Address 1026 Loch Ness Avenue				M N 05	/	0			ү ү 2015	Y
	City	State	Zip Code		Tran	sact	ion ID	: SA11	AI.23	148	
	Worthington	OH	43085	- :	Amour	nt of	Each	Receip	ot this	Period	
	FEC ID number of contributing federal political committee.	С					,		,	25	.00
	Name of Employer	Occupation		p	ayroll	dedu	iction o	of \$25			
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	I			Date c	of Re	eceipt				
	Mailing Address 1026 Loch Ness Avenue				<sup>M</sup> 05	/	2	D / 2		y y 2015	Y
	City	State	Zip Code		Trans	sacti	ion ID	: SA11	AI.23	149	
	Worthington	OH	43085		Amour	nt of	Each	Receip	ot this	Period	
	FEC ID number of contributing federal political committee.	С					7		,	25	.00
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs	— p	ayroll o	dedu	ction c	of \$25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date c	of Re	eceipt				
	Mailing Address 1026 Loch Ness Avenue				м м 06	/	0			y y 2015	Y
	City Worthington	State OH	Zip Code 43085					: SA1 <sup>2</sup> Receip		8150 Period	
	FEC ID number of contributing federal political committee.	C					7	( 005	,	25	5.00
	Name of Employer	Occupation	 	P	bayroll	dedu	uction	of \$25			
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		300.00								
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#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
Α.				Date of Receipt
	Mailing Address 1026 Loch Ness Avenue City	State	Zip Code	06 19 2015 Transaction ID : SA11AI.23151
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	l	payroll deduction of \$25
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	
	Full Name (Last, First, Middle Initial)		1 1 1	
В.	Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place		7.0.1	04 / D D / Y Y Y Y 04 10 2015
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.23160
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		payroll deduction of \$55
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
С.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place			M M / D D / Y Y Y Y Y 04 24 2015
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.23161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer	Occupation	1	payroll deduction of \$55
	Motorists Mutual Ins. Co.	Director		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 495.00	
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s	UBTOTAL of Receipts This Page (optional)		•	135.00
Т	OTAL This Period (last page this line number	only)	••••••	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 33 OF

	EMIZED RECEIPTS		for each category Detailed Summary		×	-		11b	11c	12	r		
۸r	y information copied from such Reports and St	atomonte ma	av not be sold or use	d by any per	son f	13 or the		14	15 soliciting	16 1 contri		1	7
	for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC	FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				[	Date of	Re	ceipt					
	Mailing Address 29270 Hampshire Place					м м 05	1	D I I 08		2015		ſ	
	City	State OH	Zip Code 44145						SA11AI.				
	Westlake	ОП	44145	_	- /	Amount	of	Each F	Receipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С						,			55.0	00	I.
	Name of Employer	Occupation			- pa	ayroll d	edu	ction of	\$55				
	Motorists Mutual Ins. Co.	Director											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		<u>д</u>	550.00									
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				[	Date of	Re	ceipt					
	Mailing Address 29270 Hampshire Place					м м 05	1	22		2015			
	City	State	Zip Code						SA11AL				
	Westlake	OH	44145	_		Amount	of	Each F	Receipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С						7	7		55.0	0	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director			– pa	ayroll d	educ	ction of	\$55				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	605.00									
с.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith					Date of	Re	ceipt					
	Mailing Address 29270 Hampshire Place					м м 06	/	05		2015			
	City	State OH	Zip Code						SA11AI.				
	Westlake	OH	44145			Amount	of	Each F	Receipt th	is Peri	od		_
	FEC ID number of contributing federal political committee.	С						,			55.0	00	
	Name of Employer	Occupation			_ p;	ayroll d	ledu	ction of	f \$55				
	Motorists Mutual Ins. Co.	Director											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)	L	7 7	660.00									
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 34 OF

Any information copied from such Reports and Statements may not be sold or or for commercial purposes, other than using the name and address of any pol NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CI Full Name (Last, First, Middle Initial) A. Mr. Robert C. Smith Mailing Address 29270 Hampshire Place City State Zip Code Westlake OH 44145 FEC ID number of contributing federal political committee.	Date of Receipt
NAME OF COMMITTEE (In Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIV         Full Name (Last, First, Middle Initial)         Mr. Robert C. Smith         Mailing Address 29270 Hampshire Place         City       State         Vestlake         FEC ID number of contributing federal political committee.	Date of Receipt Date of Receipt 06 19 2015 Transaction ID : SA11AI.23165 Amount of Each Receipt this Period 55.00
A. Mr. Robert C. Smith         Mailing Address 29270 Hampshire Place         City       State       Zip Code         Westlake       OH       44145         FEC ID number of contributing federal political committee.       C	M M M       / P D       / Y Y Y Y         06       19       2015         Transaction ID : SA11AI.23165         Amount of Each Receipt this Period         55.00
CityStateZip CodeWestlakeOH44145FEC ID number of contributing federal political committee.C	06     19     2015       Transaction ID : SA11AI.23165       Amount of Each Receipt this Period
Westlake     OH     44145       FEC ID number of contributing federal political committee.     C	Amount of Each Receipt this Period 55.00
federal political committee.	55.00
	payroll deduction of \$55
Name of Employer Occupation	
Motorists Mutual Ins. Co.         Director           Receipt For:         Aggregate Year to Date To	
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼	715.00
Full Name (Last, First, Middle Initial) <b>3.</b> Charles D. Stapleton	Date of Receipt
Mailing Address 6900 Kindler Drive	04 24 2015
City State Zip Code	
New Albany OH 43054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00
Name of Employer         Occupation           Motorists Mutual Ins. Co.         Sr. VP CL & Affiliate Operation	payroll deduction of \$25
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼	225.00
Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address 6900 Kindler Drive	05 08 2015
CityStateZip CodeNew AlbanyOH43054	
FEC ID number of contributing federal political committee.	25.00
Name of Employer Occupation	payroll deduction of \$25
Motorists Mutual Ins. Co. Sr. VP CL & Affiliate Operation	ations
Receipt For: Aggregate Year-to-Date ▼	•
Primary General Other (specify) ▼	250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)	

## SCHEDULE A (FEC Form 3X)

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ILEIVILLED NEGEIPIS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) A. Charles D. Stapleton													
Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y 05 22 _ 2015 _										
City	State	Zip Code	Transaction ID : SA11AI.23175										
New Albany	OH	43054	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation		payroll deduction of \$25										
Motorists Mutual Ins. Co.	Sr. VP CL 8	Affiliate Operations											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		275.00	]										
Full Name (Last, First, Middle Initial) B. Charles D. Stapleton	Date of Receipt												
Mailing Address 6900 Kindler Drive													
City	State	Zip Code	Transaction ID : SA11AI.23176										
New Albany	OH	43054	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation		payroll deduction of \$25										
Motorists Mutual Ins. Co.	Sr. VP CL 8	Affiliate Operations											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		300.00	]										
Full Name (Last, First, Middle Initial) C. Charles D. Stapleton			Date of Receipt										
Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y 06 19 2015										
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.23177 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation	I	payroll deduction of \$25										
Motorists Mutual Ins. Co.	Sr. VP CL 8	& Affiliate Operations											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		325.00	]										
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$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	DM	PANY CIVIC F	UND										
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson					C	ate of	Re	ceipt	t					
	Mailing Address 2060 Maxwell Avenue						м м 04	/		24	/ Y		) 15	Y	
	City	State		Zip Code			Trans	acti	on II	D : 9	SA11AI	.2317	79		
	Lewis Center	OH		43035		_ A	mount	of	Each	ו Re	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С							7		7	_	25.	00	
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	Motorists Mutual Ins. Company	Assist. V. P	<b>.</b>												
	Receipt For:	Aggregate	Yea	ur-to-Date ▼											
	Primary General Other (specify) ▼		7	225	5.00										
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson						ate of	Re	ceipt	t					-
	Mailing Address 2060 Maxwell Avenue						м м 05	1		D 08	/ Y		) 15	Y	
	City	State		Zip Code			Transa	acti	on II	):S	SA11AI.	<u>2318</u>	30		
	Lewis Center	OH		43035	_	A	mount	of	Each	ו Re	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С							3		,	_	25.	00	
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.				- pa	yroll de	educ	ction	of \$	625				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.	.00										
c.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson						ate of	Re	ceipt	t					
	Mailing Address 2060 Maxwell Avenue						м м 05	/		D 22	/ Y		)15	Y	
	City Lewis Center	State OH		Zip Code 43035		A					SA11AI				
	FEC ID number of contributing federal political committee.	С							,		,	_	25	00	
	Name of Employer	Occupation	1			_ pa	ayroll d	edu	ction	of	\$25				
	Motorists Mutual Ins. Company	Assist. V. P	<b>.</b>												
	Receipt For:	Aggregate	Yea	ur-to-Date ▼		1									
	Other (specify)		7	275	5.00										
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$\overline{\left\langle \right\rangle}$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue				Date of	Re	eceipt	D /	X X	Ý	Y				
	City	State	Zip Code		06	acti	05			2015 182					
	Lewis Center           FEC ID number of contributing           federal political committee.	ОН	43035		Amount	of	Each F	Receipt	this F		.00				
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P		p	ayroll d	edu	iction of	f \$25							
	Primary General Other (specify) ▼														
в.	Full Name (Last, First, Middle Initial)           Mr. Craig Thompson           Mailing Address 2060 Maxwell Avenue	Date of Receipt 06 19 2015													
	City Lewis Center	State OH	Zip Code 43035	06     19     2015       Transaction ID : SA11AI.23183       Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00											
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P.			<ul> <li>payroll deduction of \$25</li> </ul>										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00												
C.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs				Date of	Re	eceipt								
	Mailing Address 1300 Scenic Hill Ln.	State	Zip Code		04	<b>'</b>	10		2	015	Y				
	DeWitt	IA	52742					: SA11/ Receipt							
	FEC ID number of contributing federal political committee.	С		n	avroll d	ledu	iction o	f \$125		125	.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director			.,			• -							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY	CIVIC FUND																
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Peter A. Weisenberger							Date of Receipt											
	Mailing Address 7105 Lakebrook Blvd.		7:0			м м 05		22		20	)15	Y								
	City Columbus	State OH	Zip Code 43235	Ð					SA11AI.: Receipt th											
	FEC ID number of contributing federal political committee.	C					, i or L				20.	00								
	Name of Employer	Occupation				payroll d	leduc	tion of	\$20											
	Motorists Mutual Insurance Company	Vice Presid	ent																	
	Receipt For: Primary General Other (specify)																			
В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger							Date of Receipt												
	Mailing Address 7105 Lakebrook Blvd.		06 / D D / Y Y Y Y 2015																	
	City	State OH	Zip Code	9		Transaction ID : SA11AI.23201														
	Columbus FEC ID number of contributing federal political committee.	number of contributing									Amount of Each Receipt this Period									
	Name of Employer Motorists Mutual Insurance Company		payroll deduction of \$20																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	240.00																
<u>с.</u>	Full Name (Last, First, Middle Initial) Peter A. Weisenberger					Date of	f Rec	eipt												
	Mailing Address 7105 Lakebrook Blvd.					06 19 2015														
	City Columbus	State OH	Zip Code 43235	9					SA11AI.: Receipt th											
	FEC ID number of contributing federal political committee.	С					. ,		,	_	20.	.00								
	Name of Employer	Occupation			-	payroll c	deduc	tion of	\$20											
	Motorists Mutual Insurance Company	Vice Presid	ent																	
	Receipt For: Primary General Other (specify)																			
s	UBTOTAL of Receipts This Page (optional)				<u> </u>		. ,		3	_	60.0	00								
Т	OTAL This Period (last page this line number of	only)		••••••	•				-											

FOR LINE NUMBER:

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42

	IEMIZED RECEIPIS		Detailed Summary Page		11a		11b	11c		12									
					13		14	15		16	17								
Ar or	y information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any poddress of any political committee	erson f e to so	or the licit cor	purp ntribu	ose of itions f	soliciting	) cor n co	ntribu mmitt	ions ee.								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE CO	MPANY CIVIC FUND																
	Full Name (Last, First, Middle Initial) Robert Weishaar		Date of Receipt																
Α.	Mailing Address 530 Woodmark Run																		
	Walling Address 550 Woodmark Run		04 24 2015																
	City	State	Zip Code		Transaction ID : SA11AI.23204														
	Gahanna	OH	43230		Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С			25.00														
	Name of Employer	Occupation	I	payroll deduction of \$25															
	Motorists Mutual Ins. Co.	VP & Chief	Analytics Officer																
	Receipt For:	Aggregate	Year-to-Date ▼																
	Primary     General       Other (specify) ▼		225.00																
	Full Name (Last, First, Middle Initial) Robert Weishaar		Date of Receipt																
	Mailing Address 530 Woodmark Run						M         M         /         D         /         Y												
	City	State Zip Code								Transaction ID : SA11AI.23205									
	Gahanna	OH	43230	/	Amount	is P	eriod												
	FEC ID number of contributing federal political committee.	С			25.00														
	Name of Employer Motorists Mutual Ins. Co.	Analytics Officer	payroll deduction of \$25																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00																
<u> </u>	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	f Rec	ceipt												
	Mailing Address 530 Woodmark Run				05 22 2015														
	City Gahanna	State OH	Zip Code 43230					SA11AI.											
			10200		Amount	COTE	acn H	leceipt th	IS P	erioa	_								
	FEC ID number of contributing federal political committee.	С			25.00														
	Name of Employer	Occupation		P	3,10110	.cuul		Ψ <b>-</b> 0											
	Motorists Mutual Ins. Co.	eipt For: Aggregate Year-to-Date ▼																	
	Primary General																		
	Other (specify) ▼		275.00																
	UBTOTAL of Receipts This Page (optional). OTAL This Period (last page this line numbe					_	,	- 7		75.	00								

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PAGE 40 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial) A. Robert Weishaar	Robert Weishaar										
Mailing Address 530 Woodmark Run 	State	Zip Code	06 05 2015								
Gahanna	OH	43230	Transaction ID : SA11AI.23207 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer	Occupation		payroll deduction of \$25								
Motorists Mutual Ins. Co.		Analytics Officer									
Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) B. Robert Weishaar	Date of Receipt										
Mailing Address 530 Woodmark Run			06 19 2015								
City	State Zip Code										
Gahanna	OH	43230	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		payroll deduction of \$25								
Name of Employer Motorists Mutual Ins. Co.	Occupation VP & Chief	n Analytics Officer									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00									
Full Name (Last, First, Middle Initial)			Date of Receipt								
Mailing Address			M = M / D = D / Y = Y = Y								
City	State	Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer	1										
Receipt For: Primary General Other (specify) ▼	Primary General General										
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	50.00								
TOTAL This Period (last page this line numbe			4680.60								

SC	HEDULE B (FEC Form 3X)		F		IE NUMBER: PAGE 41 OF 42								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck o	y one)								
		Detailed Summary Page		21									
	y information copied from such Reports and Staten for commercial purposes, other than using the nam			any pe	erson for the purpose of soliciting contributions								
$\backslash$	NAME OF COMMITTEE (In Full)												
	MOTORISTS MUTUAL INSURANCE	CE COMPANY CIV	ICFU	JND									
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Citizens for Bishoff				Date of Disbursement								
	Mailing Address 545 E. Town Street	04 / D D / Y Y Y Y Y 2015											
	5	State Zip Code			Transaction ID : SB29.22832								
	Columbus Purpose of Disbursement	OH 43215											
	Contribution		0	11	Amount of Each Disbursement this Period								
	Candidate Name			egory/ ype	250.00								
		nent For: Primary General Other (specify) ▼											
	State: District:												
В.	Full Name (Last, First, Middle Initial) Citizens for Mingo				Date of Disbursement								
	Mailing Address 12364 Thoroughbred Drive				06 30 2015								
	Pickerington	StateZip CodeOH43147			Transaction ID : SB29.22822								
	Purpose of Disbursement Contribution			)11	Amount of Each Disbursement this Period								
	Candidate Name		Cate	egory/ ype	1000.00								
		nent For: Primary General Other (specify) ▼											
	State: District:												
C.	Full Name (Last, First, Middle Initial) Citizens for Stinziano				Date of Disbursement								
	Mailing Address 5550 East Walnut Street				04 09 2015								
	Columbus	StateZip CodeOH43215			Transaction ID : SB29.22829								
	Purpose of Disbursement Contribution		0	11	Amount of Footh Disturgencent this Devied								
	Candidate Name		Cate	egory/ ype	Amount of Each Disbursement this Period 250.00								
	President	nent For: Primary General Other (specify) ▼		-									
_	State: District:												
⊢	UBTOTAL of Disbursements This Page (optional)				1500.00								
т	OTAL This Period (last page this line number only)	)		🕨									

S	CHEDULE B (FEC Form 3X)						IUMBEF	R:		PA	GE 42	OF 42			
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c		only 21b 27	one) 22 28a		23 28b	24 28c	25 X 29	26 30b			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			IC Fl	JNI	D									
Α.	Full Name (Last, First, Middle Initial) Friends of Dave LeLand			Date of Disbursement											
	Mailing Address 367 E. Broad Street Suite 1002					04 09 2015									
	Columbus	State OH	Zip Code 43215				Tran	sacti	ion ID	: SB29.2	2828				
	Purpose of Disbursement Contribution			C	11		Amou	nt of	Each	Disburse	nent this	Period			
	Candidate Name				egory ype	y/			,		25	0.00			
	Office Sought:     House     Disburser       Senate     President     Image: Senate	ment For: Primary Other (spe	General cify) ▼												
	State: District:														
в.							Date o		sburse		Y Y	Y			
	Mailing Address 2050 Palouse Drive							05 05 2015							
	London	State OH	Zip Code 43140				Transaction ID : SB29.22826								
	Purpose of Disbursement Contribution			C	)11		Amou	nt of	Each	Disburse	ment this	Period			
	Candidate Name			Cate	egory ype	<i> </i>			, .	. ,	100	0.00			
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼												
<u>с</u> .	Full Name (Last, First, Middle Initial) NAMIC PAC						Date								
	Mailing Address 122 C Street, NW, Suite 540						04		0		2015	Y			
	Washington	State DC	Zip Code 20001				Tran	sacti	ion ID	: SB29.2	2833				
	Purpose of Disbursement Contribution Candidate Name			011 Category/			Amount of Each Disbursement this Period								
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼	<u> </u>	ype				7	7		لينه			
	<b>SUBTOTAL</b> of Disbursements This Page (optional)						_				625	0.00			
⊢	<b>OTAL</b> This Period (last page this line number only)						Ē		· · ·		775	0.00			