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# FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 04 2008 OH Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 10 20 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Report Covering the Period: From:	01 2008	To: 10 15 2008
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
G. (a) Cash on Hand  January 1  Ž008  Y  Y		7307.14
(b) Cash on Hand at  Begining of Reporting Period	7215.03	
(c) Total Receipts (from Line 19)	1494.60	33682.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8709.63	40989.16
7. Total Disbursements (from Line 31)	800.00	33079.53
B. Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	7909.63	7909.63
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	
For	r further information contact:	
F	Federal Election Commission 999 E street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:	1 0 0 1 Y Y W Y Y T	To: 10 D D D 2008
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>11. Contributions (other than loans) From:</li><li>(a) Individuals/Persons Other</li></ul>		
Than Political Committees (i) Itemized (use Schedule A)	1427.60	20176.60
(ii) Unitemized	67.00	13489.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1494.60	33665.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1494.60	33665.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	16.42
18. Transfers from Non-Federal and Levin Funds	S	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	1494.60	33682.02
20. Total Federal Receipts  (subtract Line 18(c) from Line 19)	1494.60	33682.02

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	0.00	40.50
	(c) Total Operating Expenditures	0.00	40.50
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	40.50
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	7000.00
	Independent Expenditure (use Schedule E)	0.00	39.03
).	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	, ,		
3.	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
).	Other Disbursements	800.00	26000.00
١.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	800.00	33079.53
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	300.00	00070.00
).	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	800.00	33079.53

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1494.60	33665.60
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1494.60	33665.60
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	40.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	40.50

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael J. Agan  Mailing Address 5658 Tynecastle Loop  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43016  C  Occupation VP Life Operations  Aggregate Year-to-Date  600.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John J. Bishop  Mailing Address 1390 Picardae Court  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Chairman, President and CEO Aggregate Year-to-Date  1600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Annette Braet  Mailing Address 1831 265th Street  City Calamus  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code IA 52729  C Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		130.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one)    X
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	COMPANT	CIVIC I GIND	
<u>۱</u>	William P. Brestle  Mailing Address 3979 Chancellor Drive			Date of Receipt
_			Zip Code	10 03 2008
	City Grove city	State OH	43123	Transaction ID: SA11AI.10001  Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt
N	Mailing Address 5300 State Route 203	3		10 03 YYYYY 2008
	Dity	State	Zip Code	Transaction ID: SA11AI.10002
F	Radnor FEC ID number of contributing ederal political committee.	OH C	43066	Amount of Each Receipt this Period
<u> </u>	lame of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
N	Mailing Address 6984 Linbrook Blvd.			10 03 2008
	City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.10004  Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	10200	15.00
N	Jame of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SU	BTOTAL of Receipts This Page (optional) .	1		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any person the name and address of any political committee to CE COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen City Westerville FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	N  State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Grady Campbell  Mailing Address 5760 Whispering T  City Galena  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John D. Coffman  Mailing Address 7042 Tralee Drive  City Dublin  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43017  C  Occupation VP Tax Division  Aggregate Year-to-Date  484.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	65.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)    X
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) TORISTS MUTUAL INSURANCE (	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. T	Name (Last, First, Middle Initial) homas R Cole ng Address 712 South 9th Street C	Ot.		Date of Receipt
City Eldr	idge ID number of contributing	State IA	Zip Code 52748	Transaction ID: SA11AI.9987  Amount of Each Receipt this Period
feder Name Iowa pany	e of Employer Mutual Insurance Com-		Marketing/Claims e Year-to-Date ▼  500.00	Payroll deduction of \$25 per pay
Kathl	Name (Last, First, Middle Initial) een M. Cooper ng Address 10544 Smoke Road, S	sw		Date of Receipt  1 0 0 3 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.10008
FEC	askala  ID number of contributing ral political committee.	OH C	43062	Amount of Each Receipt this Period  15.00
Moto <u>pany</u>	e of Employer rists Mutual Ins. Com- sipt For:	Occupation Assist. V		Payroll deduction of \$15 per pay
	Primary General Other (specify) ▼	Aggregate	300.00	
Mrs.	Name (Last, First, Middle Initial) Camille Craig ng Address 4282 Hunts Drive			Date of Receipt
	ng Address 4282 Hunts Drive			10 03 7 2008
City	anna	State OH	Zip Code 43230	Transaction ID: SA11AI.10009
FEC	ID number of contributing al political committee.	C	40200	Amount of Each Receipt this Period
	e of Employer rists Life Ins. Co.		t Vice President Life Adm.	Payroll deduction of \$15 per pay
Hece	oipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTO	DTAL of Receipts This Page (optional)	1		55.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Benore	Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 10 / 28 (check only one)    X
or for commercial purposes, other than u  NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURA	sing the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel L. Crawford Mailing Address 6323 Cook Roa	d	Date of Receipt  1 0 0 3 2 0 0 8
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.10010  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Payroll deduction of \$25
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary  General  Other (specify) ▼	Vice President  Aggregate Year-to-Date ▼  500.00	per pay
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham	Road	Date of Receipt  1 0 0 3 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.10011
Columbus  FEC ID number of contributing federal political committee.	OH 43214	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assist. V. P.  Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry I	_ake Drive	Date of Receipt  10 03 2008
City	State Zip Code	Transaction ID: SA11AI.10012
Hilliard  FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	ional)	65.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 28   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael D. Finch			Date of Receipt
Mailing Address 8857 Chateau Drive	е		M M / D D / Y Y Y Y Y 1 1 0 0 3 2 0 0 8
City Pickerington	State OH	Zip Code 43147	Transaction ID: SA11AI.10013
FEC ID number of contributing federal political committee.	C	45147	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	I		Date of Receipt
Mailing Address 7542 East Rush Ric	dge Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bloomington	State IN	Zip Code 47401	Transaction ID: SA11AI.9996  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47401	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	n	Payroll deduction of \$57 60 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1101.60	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
Mailing Address 14 Burreed Court			10 03 2008
City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.10015
FEC ID number of contributing federal political committee.	C	43002	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com- pany		. P. Personal Lines Adm.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optional	.0		87.60

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue,	Fact		Date of Receipt
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.10016  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DeWitt	State IA	Zip Code	Transaction ID: SA11AI.10017
FEC ID number of contributing federal political committee.	C	52742	Amount of Each Receipt this Period  25.00
Name of Employer lowa Mutual Ins. Co.	Occupation Presiden		Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
Mailing Address 5999 Lane Road			10 03 7 2008
City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.10018  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
	<u> </u>		55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE  Full Name (Last, First, Middle Initial)	COMPANY CIVIC FUND	
Paul T. Hammer		Date of Receipt
Mailing Address 813 East College Ave		10 03 2008
City Westerville	State Zip Code OH 43081	Transaction ID: SA11AI.10019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Mr. James F Hayon  Mailing Address 1020 South Washingt	ton Drive	Date of Receipt
City	State Zip Code	1 0 0 3 2 0 0 8 Transaction ID: SA11AI.9990
Howards Grove	WI 53083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
Mailing Address 1409 Snowmass Roa	d	10 03 2008
City Columbus	State Zip Code OH 43235	Transaction ID: SA11AI.10021  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 45255	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life Financial Operations	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional) .		55.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
Mailing Address 4556 Dirham Court  City	State Zip Code	1 0 0 3 2 0 0 8 Transaction ID: SA11AI.10022
<u>Hilliard</u>	OH 43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
Mailing Address 6401 Possmore Lane		10 / 03 / 2008
City	State Zip Code	Transaction ID: SA11AI.10023
Canal Winchester  FEC ID number of contributing federal political committee.	OH 43110	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
Mailing Address 5729 Superior Avenue		10 03 7 9 9 9
City	State Zip Code	Transaction ID: SA11AI.9991
Sheboygan  FEC ID number of contributing federal political committee.	WI 53083	Amount of Each Receipt this Period  25.00
Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	Payroll deduction of \$25 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	55.00
TOTAL This Period (last page this line number	•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  David L. Kaufman  Mailing Address 7925 Greenside Lan	ne		Date of Receipt
City Worthington FEC ID number of contributing	State OH	Zip Code 43235	Transaction ID: SA11AI.10024  Amount of Each Receipt this Period  30.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Sr. Vice I	n President, CIO e Year-to-Date ▼	Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road			Date of Receipt  1 0 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City  Johnstown  FEC ID number of contributing federal political committee.	State OH	Zip Code 43031	Transaction ID: SA11AI.10025  Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate		Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct			Date of Receipt
City <u>Dublin</u> FEC ID number of contributing federal political committee.	State OH	Zip Code 43016	Transaction ID: SA11AI.10026  Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Company Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice Pres Aggregate		Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)	)		75.00

City Westerville PEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼  State Zip Code Misson Mutual Ins. Co.  PEC ID number of contributing federal Political committee.  Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify) ▼  Coccupation V.P. Agency Operations V.P. A	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Full Name (Last, First, Middle Initial) Teresa M. King  Mailing Address 1139 Tidewater Court  City State Zip Code OH 43082  Mesterville OH 43082  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Michael S Lappin  Mailing Address 728 South 29th Street  City  State Zip Code OH 43082  Apgregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. Michael S Lappin  Mailing Address 728 South 29th Street  City  State Zip Code WI 45220  Transaction ID: SA11AI.10027  Amount of Each Receipt  To 300.00  Date of Receipt  Transaction ID: SA11AI.9992  Amount of Each Receipt this Perio  Transaction ID: SA11AI.9992  Amount of Each Receipt this Perio  Transaction ID: SA11AI.9992  Amount of Each Receipt this Perio  Transaction ID: SA11AI.9992  Amount of Each Receipt this Perio  Transaction ID: SA11AI.9992  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Payroll deduction of \$20 per pay  Date of Receipt  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perio  Transaction ID: SA11AI.10030  Transaction ID: SA11AI.10030  Transaction I	commercial purposes, other than using the name	ments may not be sold or used by any person ne and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Teresa M. King  Mailing Address 1139 Tidewater Court  City  Westerville  OH 43082  Transaction ID: SA11Al.10027  Amount of Each Receipt his Perio  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Other (specify) ▼  City  State Zip Code  WI 45220  Amount of Each Receipt his Perio  Date of Receipt  15.  Payroll deduction of \$15 per pay  Date of Receipt  Transaction ID: SA11Al.10027  Amount of Each Receipt his Perio  Payroll deduction of \$15 per pay  Date of Receipt  15.  Payroll deduction of \$15 per pay  Date of Receipt  Tansaction ID: SA11Al.9992  Amount of Each Receipt his Perio  Date of Receipt  10.  Payroll deduction of \$15 per pay  Date of Receipt  Tansaction ID: SA11Al.9992  Amount of Each Receipt his Perio  Transaction ID: SA11Al.9992  Amount of Each Receipt his Perio  Transaction ID: SA11Al.9992  Amount of Each Receipt his Perio  Transaction ID: SA11Al.9992  Amount of Each Receipt his Perio  Payroll deduction of \$20 per pay  Payroll deduction of \$20 per pay  Date of Receipt  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Date of Receipt  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Date of Receipt  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030  Amount of Each Receipt his Perio  Transaction ID: SA11Al.10030	OTORISTS MUTUAL INSURANCE COM	MPANY CIVIC FUND	
City State Zip Code Westerville OH 43082    FEC ID number of contributing federal political committee.   C	eresa M. King		<b>−</b>
Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$15 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay   Payroll deduction of \$20 per pay    Date of Receipt   Payroll deduction of \$20 per pay   Payroll deduction of \$20 per payrol		State Zip Code	10 03 2008
Same of Employer   Motorists Multual Ins. Co.   Assist. V. P.			Amount of Each Receipt this Period
Receipt For:		C	15.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Michael S Lappin  Mailing Address 728 South 29th Street  City State Zip Code WI 45220  Manitowoc WI 45220  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code V.P. Agency Operations  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code OH 43068  Revnoldsburg OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Occupation Assist. V. P.  Receipt For:  Aggregate Year-to-Date ▼  Payroll deduction of \$15 per pay	ime of Employer otorists Mutual Ins. Co.	•	
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.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify) ▼  City State Zip Code Payroll deduction of \$20 per pay  Payroll deduction of \$20 per pay  Date of Receipt  M	Primary General		
City State Zip Code Manitowoc WI 45220  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive  City State Zip Code Mailing Address 8447 Priestley Drive  Fill Name of Employer OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Occupation Assist. V. P. Receipt For: Primary General Occupation Assist. V. P. Aggregate Year-to-Date ▼  Payroll deduction of \$20 or Transaction ID: SA11AI.10030  Amount of Each Receipt Transaction ID: SA11AI.10030  Amount of Each Receipt this Perior  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perior  Payroll deduction of \$15 or Payroll dedu	r. Michael S Lappin		╡
Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code OH 43068  Reynoldsburg OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Occupation  Amount of Each Receipt this Perior  Payroll deduction of \$20 per pay  Amount of Each Receipt Topay  Payroll deduction of \$20 per pay  Amount of Each Receipt Topay  Payroll deduction of \$20 per pay  Amount of Each Receipt this Perior  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perior  Payroll deduction of \$15 per pay  Payroll deduction of \$15 per pay	alling Address 728 South 29th Street		
FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General  Occupation Aggregate Year-to-Date ▼  Cocupation Assist. V. P. Aggregate Year-to-Date ▼  Primary General  20.  Payroll deduction of \$20 per pay  Payroll deduction of \$20 per pay  Payroll deduction of \$20 per pay  Cocupation Assist. V. P. Aggregate Year-to-Date ▼  Payroll deduction of \$15 per pay	ıy	State Zip Code	Transaction ID: SA11AI.9992
Name of Employer Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Payroll deduction of \$20 per pay  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.10030  Amount of Each Receipt this Perion  Payroll deduction of \$15 per pay	anitowoc	WI 45220	Amount of Each Receipt this Period
Wilson Mutual Ins. Co.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code  Reynoldsburg OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Occupation  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		C	20.00
Primary Other (specify) ▼	ilean Mutual Inc. ('a	·	
Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive  City State Zip Code Reynoldsburg OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General  Date of Receipt  M M M / D D D / 2 0 0  Transaction ID: SA11AI.10030  Amount of Each Receipt this Period  Payroll deduction of \$15  Payroll deduction of \$15	Primary General		
City State Zip Code Transaction ID: SA11AI.10030  Reynoldsburg OH 43068  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General  State Zip Code Transaction ID: SA11AI.10030  Amount of Each Receipt this Period  15.  Payroll deduction of \$15  Per pay	,		Date of Receipt
Reynoldsburg  FEC ID number of contributing federal political committee.  C  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary  OH 43068  Amount of Each Receipt this Period  15.  Payroll deduction of \$15  Payroll deduction of \$15  Payroll deduction of \$15  Payroll deduction of \$15	ailing Address 8447 Priestley Drive		
FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General  C  15.  Payroll deduction of \$15 per pay	-	·	
Federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Occupation Assist. V. P.  Aggregate Year-to-Date ▼	<u>eynoldsburg</u>	OH 43068	Amount of Each Receipt this Period
Motorists Mutual Ins. Company  Receipt For:  Primary  General  Occupation  Assist. V. P.  Aggregate Year-to-Date		C	15.00
Primary General 300.00	otorists Mútuál Ins. Com- uny	Assist. V. P.	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	TOTAL of Receipts This Page (ontional)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
Mailing Address 6740 Callaway Court	7.0.1	10 03 2008
City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.10031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
pany Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
Mailing Address 1002 Loch Ness Aven	ue	10 03 YYYYY 10 03 2008
City	State Zip Code	Transaction ID: SA11Al.10032
Worthington	OH 43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00  Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	<u> </u>	Date of Receipt
Mailing Address 535 Brule Road #14		10 03 2008
City	State Zip Code	Transaction ID: SA11AI.9993
DePere FEC ID number of contributing	WI 54115	Amount of Each Receipt this Period
federal political committee.	Occupation	Payroll deduction of \$15
Name of Employer Wilson Mutual Ins. Co.	V.P. Marketing	peř pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the notate of COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE CO	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz  Mailing Address 7705 Ridgeview Way  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼  525.00	Date of Receipt  10 03 2008  Transaction ID: SA11AI.10052  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason  Mailing Address 575 Summerfield Drive  City Chanhassen  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins.  Receipt For: Primary General Other (specify)	State Zip Code MN 55317  C  Occupation V. P. Marketing  Aggregate Year-to-Date ▼  315.00	Date of Receipt    M M M
	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken  Mailing Address 2135 Hunters Ridge Cou  City  Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code WI 54220  C Occupation Director Aggregate Year-to-Date  900.00	Date of Receipt  M M M O 3 2008  Transaction ID: SA11AI.9997  Amount of Each Receipt this Period  45.00  Payroll deduction of \$45 per pay
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or		85.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one)    X
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY C	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of Receipt
	Mailing Address 662 East Fifth Avenue	)		10 03 2008
	City	State	Zip Code	Transaction ID: SA11AI.10033
	Lancaster	OH	43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	1	Payroll deduction of \$15 per pay
	Receipt For:	<del>, '                                   </del>	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			10 03 2008
	City	State	Zip Code	Transaction ID: SA11Al.10034
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance	Occupation Secretary		Payroll deduction of \$50 per pay
	Company Receipt For:	<del>, '                                   </del>	Year-to-Date ▼	
	Primary General Other (specify) ▼	199.03.11	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			10 03 YYYYY 10000
	City	State	Zip Code	Transaction ID: SA11AI.10035
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
	Other (specify)		300.00	_
		1		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one)    X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer American Hardware Mutual Ins. Receipt For:		derwriting	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Damian Puchala	Aggregate	e Year-to-Date ▼ 315.00	Date of Receipt
Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH  C Occupatio Assist. V Aggregate		Transaction ID: SA11AI.10037  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Georgia Puls  Mailing Address 825 West Price Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)		Zip Code 52748  n mmercial Lines e Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	/ MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
١.	Full Name (Last, First, Middle Initial) Paul J. Richards			Date of Receipt
	Mailing Address 4732 Golf Village Dri	ve		10 03 2008
	City	State	Zip Code	Transaction ID: SA11AI.10038
	Powell  FEC ID number of contributing	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Ave	nue		10 03 YYYY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10039
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00  Payroll deduction of \$25
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice Pres		per pay
	pany Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt
	Mailing Address 1116 Sommer Drive			1 0 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9994
	Sheboygan	WI	53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Un	n derwriting	Payroll deduction of \$15 per pay
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			55.00

SCHEDULE A (FE ITEMIZED RECEIF	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1  on for the purpose of soliciting contributions
or for commercial purposes,  NAME OF COMMITTEE	other than using the name and ad	ddress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, M Karen L. Schwartz Mailing Address 1252	iddle Initial) Pond Hollow Lane		Date of Receipt
City New Albany	State OH	Zip Code 43054	1 0 0 3 2 0 0 8 Transaction ID: SA11Al.10040
FEC ID number of contrib federal political committee	outing	43034	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Insuran Company Receipt For:  Primary  Other (specify) ▼	Vice Pre		Payroll deduction of \$25 per pay
Full Name (Last, First, M Mr. Robert C. Smith Mailing Address 2927)			Date of Receipt  10 03 2008
City	State	Zip Code	Transaction ID: SA11AI.9998
Westlake FEC ID number of contrib federal political committee		44145	Amount of Each Receipt this Period  55.00
Name of Employer Motorists Mutual Ins. Co.	Director		Payroll deduction of \$55 per pay
Receipt For:  Primary  Other (specify) ▼	Aggregat General	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, M Ralph W. Smithers, Jr. Mailing Address 6418	iddle Initial) Summers Nook Drive		Date of Receipt  1 0 0 3 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.10041
New Albany FEC ID number of contribution federal political committee		43054	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Col pany	m- Occupation Assist. \		Payroll deduction of \$15 per pay
Receipt For:  Primary  Other (specify) ▼	Aggregat	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts Th	nis Page (optional)		95.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive			Date of Receipt
City New Albany FEC ID number of contributing	State OH	Zip Code 43054	Transaction ID: SA11AI.10042  Amount of Each Receipt this Period
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary Other (specify)		n ice President  Year-to-Date   500.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Ro	pad State	Zip Code	Date of Receipt  10 03 2008  Transaction ID: SA11AI.10043
Glenford  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance	OCCUPATION	43739	Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
Motorists Mutuál Insurance Company Receipt For: Primary General Other (specify) ▼	Vice Pres		
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge	Drive		Date of Receipt
City	State	Zip Code	1 0 0 3 2 0 0 8 Transaction ID: SA11AI.10044
Powell  FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period
Name of Employer Motorists Life Insurance Compa Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>'</del>	n. P., Life Underwriting  Year-to-Date   300.00	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	al)		65.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 28 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE.	nd Statements may not be sold or used by any persong the name and address of any political committee to CE COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig Thompson  Mailing Address 3264 Arctic Avenu  City Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P.  Aggregate Year-to-Date   500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson  Mailing Address 5444 Spring Hill Ri  City Grove City  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43123  C  Occupation Assistant VP  Aggregate Year-to-Date  270.00	Date of Receipt  M M M O 3 2008  Transaction ID: SA11AI.10046  Amount of Each Receipt this Period  15.00  Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Richard J. Walton  Mailing Address 3249 Scioto Run E  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43026  C  Occupation Vice President  Aggregate Year-to-Date   500.00	Date of Receipt  M M M O 3 2008  Transaction ID: SA11AI.10047  Amount of Each Receipt this Period  25.00  Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (option	al)	65.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 28 (check only one)    X   11a
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Peter A. Weisenberger  Mailing Address 7105 Lakebroo	ok Blvd. State Zip Code	Date of Receipt  10 03 2008  Transaction ID: SA11AI.10048
Columbus  FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period  20.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   400.00	Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8tl		Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.9995
Sheboygan	WI 53081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00  Payroll deduction of \$40
Name of Employer Wilson Mutual Ins. Company	Occupation President	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial)  Mr. Edward Wetzel  Mailing Address 4918 Norfolk D		Date of Receipt
		10 03 2008
City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.9989  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction of \$15 per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (o	otional)	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 26/28   (check only one)	
Any information copied from such Reports and or for commercial purposes, other than using t	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (	CIVIC FUND		
Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt			
Mailing Address 5519 Medallion Drive W.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.10049  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	43002	30.00	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		Payroll deduction of \$30 per pay	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt	
Mailing Address 14924 S. R. 35, E.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Sunbury	State OH	Zip Code 43074	Transaction ID: SA11AI.10050  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	70077	15.00	
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Assist. V		Payroll deduction of \$15 per pay	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt	
Mailing Address 90 Timberknoll Loop			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.10051	
FEC ID number of contributing federal political committee.	C	43003	Amount of Each Receipt this Period  35.00	
Name of Employer Motorists Mutual Insurance Company	Occupatio Treasure	r	Payroll deduction of \$35 per pay	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	]	
SUBTOTAL of Receipts This Page (optional)	)	<b>h</b>	80.00	
	er only)	•	1427.60	

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 27 / 28			
	ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) T 22 T 23 T	24 25 26			
		Detailed Summary Page	27   -		28c X 29 30b			
[	Any Information copied from such Reports and Statem				ng contributions			
ļ		commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee						
	NAME OF COMMITTEE (In Full)							
	MOTORISTS MUTUAL INSURANCE COM	IPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.9984				
Α.	Citizens for Buehrer		Date of Disbursement					
	Mailing Address 704 Greenview Drive	10 0 3	Y 2008					
		State Zip Code		Amount of Each Disk	oursement this Period			
		HI 43515			300.00			
	Purpose of Disbursement Contribution		011		300.00			
	Candidate Name		Category/					
			Туре					
		ment For: 2008						
	X Senate President	Primary X General Other (specify) ▼						
	State: OH District: 01	Other (specify)						
-	Full Name (Last, First, Middle Initial)	Transaction ID: S	B29 10058					
B.	Friends of Kris Jordan	Date of Disbursemer						
	Mailing Address 161 Stonebend Drive			10 / 09	2008			
		State Zip Code		Amount of Each Disk	oursement this Period			
		OH 43065			500.00			
	Purpose of Disbursement Contribution	011		300.00				
	Candidate Name		Category/					
	Friends of Kris Jordan		Туре					
		ment For: 2008						
	Senate   President	Primary X General Other (specify) ▼						
	1 Toolaont	Outlot (opoony)						

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	800.00
TOTAL This Period (last page this line number only)	•	800.00

State: OH

District:

Image# 28934171506		
Form/Schedule: <b>F3XN</b> Transaction ID:	The wrong report was mistakenly uploaded on Oct. 20, 2008. I could immediately file the correct report Lois Bivens	Spoke to Allen Norflett (FEC support) who indicated
**********************	**********************	************