PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other	Than An Aut	horized C	ommitte	е		Office U	se Only	
NAME OF COMMITTEE (in full)	TYPE OR PF	RINT ▼		le: If typin	g, type	12FE	4M5		
MOTORISTS MUT	UAL INSURA	NCE COM	PANY C	IVIC FL	JND		1 1 1 1		
ADDRESS (number and stre	471 E BRC	OAD ST							
Check if different than previously reported. (ACC)	COLUMBU	JS				ОН	43215	5	
2. FEC IDENTIFICATIO	N NUMBER ▼	CIT	Υ▲			STATE A		ZIP COI	DE 🛦
C C00336834			S THIS EPORT	x (N	EW N) OR		AMENDED (A)		
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep	Report Due C	t On: Mar	20 (M2) 20 (M3) 20 (M4)	J	lay 20 (M5) un 20 (M6) ul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eral (12G)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly Rep October 15	port (Q2)	PRE-Election Report for the:		nvention (1		-	ial (128)	ш	nulioli (12n)
Quarterly Rep January 31 Year-End Rep		Electio	n on	M M /	D D /	Y Y Y	Y	in the State of	
July 31 Mid-Y Report (Non- Year Only) (M	election (u) S	POST-Election Report for the:	Ge	neral (30G)	Runo	off (30R)		Special (30S)
Termination F (TER)	leport	Electio	n on	M = M /	D D /	Y Y Y Y	Y	in the State of	
5. Covering Period	01 / D D D D D D D D D D D D D D D D D D	2020		through	M M M	/ D D	200	20	
I certify that I have examir Type or Print Name of Tre	Moore, Ma		my knowle	dge and b	elief it is tru	ue, correct	and comple	te.	
Signature of Treasurer	Moore, Marchelle, , ,		[El	ectronically	Filed] [Date)4	D /	2020
NOTE: Submission of false,	erroneous, or incon	nplete information	n may subje	ct the pers	on signing t	his Report	to the penalti	es of 52	U.S.C. § 30109
Office Use Only								FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

01 01 2020 03 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 53044.30 January 1, 2020 (b) Cash on Hand at 53044.30 Beginning of Reporting Period..... 5380.00 5380.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 58424.30 58424.30 6(a) and 6(c) for Column B)..... 13254.99 13254.99 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 45169.31 45169.31 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:	01 Y 2020 To:	03 31 2020					
	I. Receipts	COLUMN A COLUMN B Total This Period Calendar Year-to-Dat						
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees							
	(i) Itemized (use Schedule A)	480.00	, 480.00					
	(ii) Unitemized(iii) TOTAL (add	4900.00	4900.00					
	Lines 11(a)(i) and (ii)	5380.00	5380.00					
	(b) Political Party Committees	0.00	0.00					
	(c) Other Political Committees (such as PACs)	0.00	0.00					
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5380.00	5380.00					
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00					
13.	All Loans Received	0.00	0.00					
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00					
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00					
	to Federal Candidates and Other Political Committees	0.00	0.00					
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00					
	(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))▶	5380.00	5380.00					
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5380.00	5380.00					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaistina. 1941 to Buto		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	150.00	150.00		
(b) Other Federal Operating	4 4			
Expenditures	104.99	104.99		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	254.99	254.99		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other		4 4		
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	, , , , , , ,	7 7 7		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	13000.00	13000.00		
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13254.99	13254.99		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)				
nom Line or,	13104.99	13104.99		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	5380.00	5380.00		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5380.00	5380.00		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	104.99	104.99		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
88. Net Operating Expenditures (subtract Line 37 from Line 36)	104.99	104.99		

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

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

	FOR LINE NUMBER:					PAGE	:	6	OF	14	
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ini Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	tial) or Full Organization Name	Date of Receipt
City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation (for Individual) President MLIC Aggregate Year-to-Date ▼ 240.00	Transaction ID : SA11AI.30122 Amount of Each Receipt this Period 40.00 Memo Item Payroll deduction
Full Name of Individual (Last, First, Middle Ini Benintendi, Jeff, , , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary General Other (specify) Other (specify)	State Zip Code OH 43016 C Occupation (for Individual) EVP Aggregate Year-to-Date 250.00	Date of Receipt 03
Full Name of Individual (Last, First, Middle Ini Benintendi, Jeff, , , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary General Other (specify)	State Zip Code 43016 C	Date of Receipt 03 20 2020 Transaction ID: SA11AI.30125 Amount of Each Receipt this Period 50.00 Memo Item payroll deduction
SUBTOTAL of Receipts This Page (optional)	<u> </u>	140.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE		7	OF	14	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		o sonor communicins nom such communee.
/ MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ini Howat, James, Christopher, ,	· •	Date of Receipt
Mailing Address 250 Daniel Burnham Sq Unit		03 06 2020
City Columbus	State Zip Code OH 43215	Transaction ID : SA11AI.30067 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP	Memo Item payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini Howat, James, Christopher, , Mailing Address 250 Daniel Burnham Sq Unit 6	Date of Receipt	
City	State Zip Code	03 20 2020 Transaction ID : SA11AI.30109
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP	Memo Item payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 48 E. Frankfort St.		03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State Zip Code 43206	Transaction ID : SA11AI.30101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP	Memo Item Payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number	only)	

Primary

C.

Other (specify)

General

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	8	OF	14	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 2020 06 City State Zip Code Transaction ID: SA11AI.30057 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) President Motorists Insurance Group payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 03 2020 City State Zip Code Transaction ID: SA11AI.30098 Dublin OH 43016 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Insurance Group payroll deduction President Receipt For: Aggregate Year-to-Date ▼

	,		
Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,	Date of Receipt		
Mailing Address 250 Daniel Burnham Sq Unit	03 06 2020		
City	State	Zip Code	Transaction ID : SA11AI.30048
Columbus	ОН	43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Motorists Insurance Group	EVP	,	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 250.00	
UDTOTAL of Descripts This Davis (outlines)			150.00

300.00

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

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

	I OIT LINE HOMBETT					PAGE	:	9	OF	14	
(check only one)											
		X	11a		11b		11c		12	2	
			13		14		15		16	6	17

		nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FU	JND
Full Name of Individual (Last, First, Middle Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq U		Date of Receipt
City Columbus	State Zip Code OH 43215	Transaction ID : SA11AI.30089
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP	Memo Item payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0
Full Name of Individual (Last, First, Middle Mailing Address	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line numl	per only)	480.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 10 OF 14
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 23 28a 28b 28c	26 27 x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			22 33
Full Name (Last, First, Middle Initial)		D-1- (D')	
A. Boggs for Ohio Mailing Address 545 E. Town St.	Date of Disburse	D / Y Y Y Y Y	
Mailing Address 545 L. TOWN St.		01 20	2020
Columbus	State Zip Code OH 43215	FEC Identification	Number
Purpose of Disbursement Contribution	1		
Candidate Name	L		ID: SB29.30145 Disbursement this Period
	nent For: Primary General Other (specify)		500.00
State: District:	Other (specify)	Memo Item	
Full Name (Last, First, Middle Initial) B. Citizens for Hottinger		Date of Disburse	D / Y = Y = Y
Mailing Address 2135 Horns Hill Drive	02 12	2020	
Newark Purpose of Disbursement	State Zip Code OH 43055	FEC Identification	Number
Contribution Candidate Name		Transaction	ID: SB29.30160 Disbursement this Period
	Primary General		1000.00
President State: District:	Other (specify)	Memo Item	
Full Name (Last, First, Middle Initial) C. Citizens for Stephanie Kunze	Date of Disburse	ment	
Mailing Address 865 Macon Alley	01 / 22		
Columbus	State Zip Code OH 43206	FEC Identification	Number
Purpose of Disbursement Contribution		C	ID : SB29.30134
Candidate Name			Disbursement this Period
	nent For: Primary General Other (specify)		1000.00
State: District:	- \-\(\frac{1}{2}\) \\	Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		·······	2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	
TILIMIZED DISDONSLIVIENTS		category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	CE COM	IPANY CIVIC	FUND	
Full Name (Last, First, Middle Initial) A. Emilia Sykes Campaign				Date of Disbursement
Mailing Address 109 N. Howard St. Unit A				01 28 2020
Akron	State OH	Zip Code 44308		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name			Catarany	Transaction ID : SB29.30143 Amount of Each Disbursement this Period
Senate	ment For:	General	Category/ Type	500.00
State: District:	Other (spec	cify) 🔻		Memo Item
B. French for Justice Mailing Address 100 South Third Street				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43215		FEC Identification Number
Purpose of Disbursement Contribution			: :	C Transaction ID : SB29.30157
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General		1000.00 Memo Item
Full Name (Last, First, Middle Initial) C. Friend of Bride Rose Sweeney				Date of Disbursement
Mailing Address 3632 W. 133rd St				01 28 2020
Cleveland	State OH	Zip Code 44111		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name Candidate Name			Category/ Type	Transaction ID : SB29.30146 Amount of Each Disbursement this Period
Office Sought: House Disbursel Senate President	ment For: Primary Other (spec	General Cify) ▼		250.00 Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				1750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	
TILMILLD DISDONSLINENTS		category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE COM	IPANY CIVIC	FUND	
Full Name (Last, First, Middle Initial) A. Friends of Mark Fraizer				Date of Disbursement
Mailing Address 4679 Winterest Dr.				02 12 2020
Newark	State OH	Zip Code 43220		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name		[Transaction ID : SB29.30158
	ment For:		Category/ Type	Amount of Each Disbursement this Period 500.00
Senate President State: District:	Primary Other (spec	General cify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. Friends to Elect Terrence Upchurc Mailing Address 1426 Clearaire Rd.	ch			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City				
Cleveland Purpose of Disbursement Contribution	State OH	Zip Code 44110		FEC Identification Number
Candidate Name			Category/ Type	Transaction ID: SB29.30148 Amount of Each Disbursement this Period
Office Sought: House Senate President State: Disburse	ment For: Primary Other (spec	General		Memo Item
Full Name (Last, First, Middle Initial) C. Kennedy for Ohio				Date of Disbursement
Mailing Address 211 S. Fifth Street				03 02 2020
City Columbus	State OH	Zip Code 43215		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name Category/ Type				Transaction ID : SB29.30156 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General vify) ▼		1000.00 Memo Item
State: District:				Welle fell
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				1750.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	7 one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
MOTORISTS MUTUAL INSURAN	ICE COMPANY CI\	/IC FUND	
Full Name (Last, First, Middle Initial) A. Matt Huffman for Ohio			Date of Disbursement
Mailing Address 4679 Winterset Dr.			01 22 2020
City Columbus	State Zip Code OH 43220		FEC Identification Number
Purpose of Disbursement Contribution	45220	· · ·	C
Candidate Name		Category/ Type	Transaction ID : SB29.30140 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		1000.00
State: District:	· · · · · ·		Memo Item
Full Name (Last, First, Middle Initial) B. NAMIC PAC Mailing Address 122 C Street, NW, Suite 540			Date of Disbursement O1 22 2020
City Washington	State Zip Code DC 20001		FEC Identification Number
Purpose of Disbursement Contribution			C C00170258 Transaction ID : SB29.30133
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		5000.00
State: District:			Memo Item
Full Name (Last, First, Middle Initial) Seitz for Ohio			Date of Disbursement
Mailing Address 4401 Abby Court			01 30 7 2020
City Cincinnati Purpose of Disbursement Contribution	State Zip Code OH 45248		FEC Identification Number
Candidate Name Category/ Type			Transaction ID: SB29.30150 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\bigvert	Турс	1000.00 Memo Item
State: District:			Metho Reffi
SUBTOTAL of Disbursements This Page (optional)		·····	7000.00
TOTAL This Period (last page this line number only	y)		13000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	14	. С	F	14	
FOR I	LINE	21a	OF	FORM	3X

NAME OF COMMITTEE (In Full)

A.	Full Name (Last, First, Middle Initial) Transaction ID: H4.30153			Allocated Activity or Event:	
	Brickstreet Mutual Insurance Company				Administrative Fundraising Exempt
	Mailing Address 400 Quarrier St.				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Charleston Purpose of Disbursement:	WV	25301		Allocated Activity or Event Year-To-Date
	Contribution sent in error to bank account. Repa	ay corp for c	ontributor	010	150.00
	Activity or Event Identifier:			Category/	M M / D D / Y Y Y Y
	Administrative			Type	Date 02 27 2020
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 1 1 7	150.00	150.00
— В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purnosa of Dichursement				Allocated Activity or Event Year-To-Date
		Purpose of Disbursement:			7 1 7
	Activity or Event Identifier:			Category/	M = M / D = D / Y = Y = Y
				Type	Date
	FEDERAL SHARE + NONFEDERAL SHARE			SHARE	= TOTAL AMOUNT
_	4 4		7		Allegated Ashirity on French
C.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	Mailing Address City	State	Zip Code		Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
	City	State	Zip Code		
	City Purpose of Disbursement:	State	Zip Code		Public Comm (ref to party only) by PAC
	City	State	Zip Code	Catagory	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	City Purpose of Disbursement:	State	Zip Code	Category/ Type	Public Comm (ref to party only) by PAC
	City Purpose of Disbursement:	State +	Zip Code	Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	City Purpose of Disbursement: Activity or Event Identifier:			Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	City Purpose of Disbursement: Activity or Event Identifier:			Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
SU	City Purpose of Disbursement: Activity or Event Identifier:	+	NONFEDERAL	Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
sı	City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE	+	NONFEDERAL	Type SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
sı	City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	+ Activity This	NONFEDERAL S Page	Type SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE 0.00	+ Activity This +	NONFEDERAL S Page NONFEDERAL	Type SHARE SHARE 150.00	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT 150.00
	City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	+ Activity This +	NONFEDERAL S Page NONFEDERAL	Type SHARE SHARE 150.00 d NonFederal sha	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT 150.00
	Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE 0.00 OTAL This Period (last page for each line only)(+ Activity This +	NONFEDERAL S Page NONFEDERAL Tre to 21(a)(i) and	Type SHARE SHARE 150.00 d NonFederal sha	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT 150.00 are to 21(a)(ii))