Image# 201810159124791487				PAGE 1 / 83
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office U	Jse Only
1. NAME OF TYI COMMITTEE (in full)		ample: If typing, type er the lines.	12FE4M5	
ADDRESS (number and street)	171 E BROAD ST			
Check if different				
than previously reported. (ACC)			OH 4321	5
2. FEC IDENTIFICATION NUME		5	STATE 🔺	ZIP CODE
C C00336834	3. IS THIS REPOR	NEW (N) OR	AMENDED (A)	1
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> </ul>	(b) Monthly Report Due On: (c) 12-Day	3) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Year Only)
July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31	PRE-Election Report for the:	Convention (12C)	Special (12S)	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	State of Special (30S)
(TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 07	/ D D / Y Y Y Y 01 2018	through 09		018
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my kn Moore, Marchelle, , ,	owledge and belief it is tru	e, correct and comple	ete.
Moore, M	larchelle, , ,	[Electronically Filed]	Date 10 / 19	5 / Y Y Y Y 2018
NOTE: Submission of false, erroneous	s, or incomplete information may	subject the person signing th	nis Report to the penal	ties of 52 U.S.C. § 3010
Office Use Only				C FORM 3X Rev. 05/2016

10/15/2018 09 : 59

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 07	/ 01 / Y Y Y Y Y 01 2018 To	b: 09 / 09 / 09 / 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		48201.36
	(b) Cash on Hand at Beginning of Reporting Period	38820.65	
	(c) Total Receipts (from Line 19)	6930.00	16490.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45750.65	64691.36
7.	Total Disbursements (from Line 31)	6500.00	25440.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39250.65	39250.65
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized	Column A Total This Period           5435.00           1495.00           6930.00           0.00           0.00           6930.00	Column B Calendar Year-to-Date
<ul> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	1495.00 6930.00 7 0.00 0.00	9650.00 16490.00 0.00 0.00
<ul> <li>Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	1495.00 6930.00 7 0.00 0.00	9650.00 16490.00 0.00 0.00
<ul> <li>(i) Itemized (use Schedule A)</li> <li>(ii) Unitemized</li> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)</li></ul>	1495.00 6930.00 7 0.00 0.00	9650.00 16490.00 0.00 0.00
<ul> <li>(ii) Unitemized</li> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)</li> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	1495.00 6930.00 7 0.00 0.00	9650.00 16490.00 7 0.00 0.00
<ul> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)▶</li> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	6930 <u>.</u> 00 0.00 0.00	16490.00 0.00 0.00
<ul> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)▶</li> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	6930 <u>.</u> 00 0.00 0.00	16490.00 0.00 0.00
<ul> <li>Lines 11(a)(i) and (ii)▶</li> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	0.00	0.00
<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees (such as PACs)</li></ul>	0.00	0.00
<ul> <li>(c) Other Political Committees (such as PACs)</li></ul>	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
(d) Total Contributions (add Lines		
	6930.00	16490.00
	6930.00	16490.00
11(a)(iii), (b), and (c)) (Carry	4	
Totals to Line 33, page 5)► Transfers From Affiliated/Other		47. 47
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	41 41 28	
(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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	6930.00	16490.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6930.00	16490.00

Page 3

I

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date	
II. Disbursements	COLUMN A Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	0.00	2740.71	
<ul><li>(c) Total Operating Expenditures</li></ul>			
(add 21(a)(i), (a)(ii), and (b))►	0.00	2740.71	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to 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))			
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
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	
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00	
Other Disbursements (Including Non-Federal Donations)	6500.00	22700.00	
	4		
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6500.00	25440.71	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6500.00	25440.71	
-		20110.71	

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
1 20	1 01111	57	(110 .	05/2010	,

### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

							6930.00
		7			-7		1 495 1
							0.00
	1	-	1	1	-	1	20.1
							6930.00
	1	-	1	1	- 7	1	
							0.00
1.00	_						
		-7			-7		
	Ť		÷	Ť		Ť	
Γ.				Ì	-7-	Ì	0.00
F	+		-	-		-	0.00

- E							16400.00
1			-7			-7	16490.00
- Г							0.00
12			-7	÷		-	285
							16490.00
		-	-				
Г			_	1			2740.71
			-			-	
	-		_		-	4	2740.71
			_	-	-	-7	2740.71 0.00
	-	+	-	-	+++++++++++++++++++++++++++++++++++++++	-	2740.71

COLUMN B

Calendar Year-to-Date



# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
I EIVILED RECEIPIS		for each category of the Detailed Summary Page	Image: 11a         11b         11c         12           13         14         15         16         17		
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	MPANY CIVIC FUNI	D		
Full Name of Individual (Last, First, Middle <b>A.</b> Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			07 13 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28227 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For:	Pres	upation (for Individual) sident MLIC	Payroll Deduction		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00			
Full Name of Individual (Last, First, Middle Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	Initial) or Full O	rganization Name	Date of Receipt		
City	State	Zip Code	07 27 2018 Transaction ID : SA11AI.28114		
Dublin FEC ID number of contributing federal political committee.	ОН	43016	Amount of Each Receipt this Period		
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]		
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			08 / D D / Y Y Y Y 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28115           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa	Pres	upation (for Individual) ident MLIC	Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00			
SUBTOTAL of Receipts This Page (optional)	)		▶ 120.00		
TOTAL This Period (last page this line numb	per only)				

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)		
II EIVILED REVEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
			person for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE	)		
Full Name of Individual (Last, First, Middl A. Agan, Michael, J., ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			08 24 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28116 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	]		
Full Name of Individual (Last, First, Middl B. Agan, Michael, J., ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop	State	Zip Code	09 / D D / Y Y Y Y 09 07 2018		
City Dublin	OH	43016	Transaction ID : SA11AI.28117 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	]		
Full Name of Individual (Last, First, Middl C. Agan, Michael, J., ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			09 / D D / Y Y Y Y 21 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28213           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) ident MLIC	Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 760.00	]		
SUBTOTAL of Receipts This Page (optiona	l)		120.00		
TOTAL This Period (last page this line num	ber only)				

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 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 Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	)
Full Name of Individual (Last, First, Middle Initi A. Ashcraft, David, , , Mailing Address 1323 Ada Lane City Naperville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary General	State     Zip Code       IL     60540       C     Occupation (for Individual)       VP     VP       Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	
B. 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 OH     Zip Code 43016       C     Occupation (for Individual) EVP       Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initi         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)	al) or Full Organization Name          State       Zip Code         OH       43016         C       Occupation (for Individual)         EVP       Aggregate Year-to-Date ▼         300.00       300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		125.00

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

		Use separate schedule(s)	(check only one)		
		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 t			person for the purpose of soliciting contributions		
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND	)		
Full Name of Individual (Last, First, Middle   A. Benintendi, Jeff, , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			08 10 / Y Y Y Y 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28062 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Motorists Insurance	Occ	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]		
Full Name of Individual (Last, First, Middle <b>B. Benintendi</b> , Jeff, , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			08 24 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28063 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) >	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]		
Full Name of Individual (Last, First, Middle <b>C. Benintendi, Jeff</b> , , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			09 07 Y Y Y Y 09 07 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28064 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Motorists Insurance	Occi EVP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	]		
SUBTOTAL of Receipts This Page (optional).			150.00		
TOTAL This Period (last page this line number	er only)				

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

17			Use separate schedule(s) for each category of the	(che	eck only	/ on	e)	L						
			×	11a 13	$\vdash$	11b	11c	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the	purp	ose of	soliciting	contribu	utions				
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNE	)										
A.	Full Name of Individual (Last, First, Middle Initia Benintendi, Jeff, , ,	al) or Full Or	rganization Name		Date of	Rec	ceipt							
	Mailing Address 5658 Tynecastle Loop				09 / D D / Y Y Y Y 21 2018									
	City Dublin	State OH	Zip Code 43016		Transaction ID : SA11AI.28200 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Motorists Insurance	Occu EVP	upation (for Individual)	 P	Me ayroll D		Item ction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
в.	Full Name of Individual (Last, First, Middle Initia Bills, Alissa, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt							
	Mailing Address 5300 Snider Loop				M M 07	1	D D 13	/ Y	y y 2018	Ŷ				
	City New Albany	State OH	Zip Code 43054					SA11AL		4				
	FEC ID number of contributing federal political committee.	С	15.00											
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occu AVP	P	Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]										
с.	Full Name of Individual (Last, First, Middle Initia Bills, Alissa, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt							
	Mailing Address 5300 Snider Loop				<sup>M</sup> 07	/	D D 27	/ Y	2018	Y				
	City New Albany	State OH	Zip Code 43054					SA11AI.		ł				
	FEC ID number of contributing federal political committee.	С					9	- y	15	.00				
Motorists Mutual Insurance Co.			upation (for Individual) Marketing	P	Payroll Deduction									
			Year-to-Date ▼ 225.00	]										
s	UBTOTAL of Receipts This Page (optional)						,		80	.00				
т	OTAL This Period (last page this line number or	nly)		•			,	-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

			Detailed Summary Page			1a		11b	, [	11c		12			
					<b>X</b> 1 1			14		15		16	17		
	y information copied from such Reports and State for commercial purposes, other than using the nar														
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE CO	OMPANY CIVIC FU	IND											
A.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C	Organization Name		Dat	te of	Re	ceip	ot						
	Mailing Address 5300 Snider Loop					08	/	D	р 10	/ Y		)18	Y		
	5	State OH	Zip Code		Т	rans	acti	on l	ID : S	A11AI.	2796	64			
	New Albany		43054		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	0			15.00										
	Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing		Payr	Me roll D		ltei							
		ggregate	Year-to-Date ▼		-										
	Primary General Other (specify) ▼		240.00												
В.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C	Organization Name		Dat	te of	Re	ceip	ot						
	Mailing Address 5300 Snider Loop				M         M         /         D         D         /         Y										
	,	State	Zip Code		Tr	rans	actio	on l	D : S	A11AI.	2796	5			
	New Albany	OH	43054		Am	ount	of	Eac	h Re	ceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	C						7		-19-	_	15.0	00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing					Payroll Deduction								
	Receipt For:       A         Primary       General         Other (specify) ▼       I	Aggregate Year-to-Date ▼ 255.00													
С.	Full Name of Individual (Last, First, Middle Initial) Bills, Alissa, , ,	or Full C	Organization Name		Dat	te of	Re	ceip	ot						
	Mailing Address 5300 Snider Loop					09 <sup>M</sup>	/	D	07	/ Y	Ŷ 20	ү 18	Y		
	5	State	Zip Code		Т	rans	acti	ion	ID : 5	SA11AI.	2796	66			
	New Albany	ОН	43054		Am	ount	of	Eac	h Re	ceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	C			Ē	_		y		y	_	15.0	00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occ AVF		Memo Item Payroll Deduction											
	Receipt For:     A       Primary     General       Other (specify)     I	ggregate	Year-to-Date ▼ 270.00	)											
	UBTOTAL of Receipts This Page (optional)					-		9	-	5	-	45.(	00		

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
11			for each category of the Detailed Summary Page		<b>X</b> 11a	11b	11c	12	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 a address of any political com	any perso mittee to	on for the	purpose of	f soliciting	contribu	tions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	OMPANY CIVIC FU	JND									
A.	Full Name of Individual (Last, First, Middle Ini Bills, Alissa, , ,	tial) or Full O	Organization Name	Date of Receipt									
	Mailing Address 5300 Snider Loop				09 / D D / Y Y Y Y 2018								
	City New Albany	State OH	Zip Code 43054		Transaction ID : SA11AI.28177 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			-	-	15.	00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing			emo Item Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00										
в.	Full Name of Individual (Last, First, Middle Ini Bright, Jon, A., Mr., Mailing Address 4915 Norfolk Place	tial) or Full O	Organization Name		Date of	Receipt		ÝÝ	Y				
	City	State	Zip Code	07	13 action ID :		2018						
	Bettendorf	IA	52722			t of Each F							
	FEC ID number of contributing federal political committee.	C		15.00									
	Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.			Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	0									
с.	Full Name of Individual (Last, First, Middle Ini Bright, Jon, A., Mr.,	tial) or Full O	Organization Name		Date of	Receipt							
	Mailing Address 4915 Norfolk Place	1			07	/ D 27		2018	Y				
	City Bettendorf	State IA	Zip Code 52722			action ID : t of Each F	-						
	FEC ID number of contributing federal political committee.	С			<u> </u>	- <u>9</u>	9	15.	00				
	Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. V	upation (for Individual) V.P.		Payroll Deduction								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00										
⊢	UBTOTAL of Receipts This Page (optional)				<u> </u>	- <u>y</u> -	· · ·	45.0	00				
1 '	OTAL This Period (last page this line number	oniny)		🕨	a la sub-	-	-	1	_				

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
ITEIVILLED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	A not be sold or used by any political committe	13     14     15     16     17       berson for the purpose of soliciting contributions       te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
angle MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUNE	)								
Full Name of Individual (Last, First, Middle In A. Bright, Jon, A., Mr.,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4915 Norfolk Place			08 10 2018								
City	State IA	Zip Code	Transaction ID : SA11AI.28034								
Bettendorf	IA	52722	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Iowa Mutual Ins. Co.	Sr. V	V.P.	Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		240.00									
			1								
Full Name of Individual (Last, First, Middle In B. Bright, Jon, A., Mr.,	nitial) or Full O	rganization Name									
Mailing Address 4915 Norfolk Place			Date of Receipt								
			08 24 2018								
City	State	Zip Code	Transaction ID : SA11AI.28035								
Bettendorf	IA	52722	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Iowa Mutual Ins. Co.		upation (for Individual) V.P.	Memo Item Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		255.00	]								
Full Name of Individual (Last, First, Middle In C. Bright, Jon, A., Mr.,	l nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4915 Norfolk Place			09 07 2018								
City	State	Zip Code	Transaction ID : SA11AI.28036								
Bettendorf	IA	52722	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Iowa Mutual Ins. Co.	Sr. \	/.P.	Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		270.00									
Other (specify)			-								
SUBTOTAL of Receipts This Page (optional)			45.00								
TOTAL This Period (last page this line numbe											

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

те			Use separate schedule(s)	(check only one)									
	IVILLED RECEIF 13		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17									
	information copied from such Reports and Sta or commercial purposes, other than using the r			erson for the purpose of soliciting contributions									
	IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUNE	)									
	ull Name of Individual (Last, First, Middle Initia Bright, Jon, A., Mr.,	l) or Full Or	rganization Name	Date of Receipt									
N	ailing Address 4915 Norfolk Place			09 21 2018									
	ity 3ettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28193 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С											
	lame of Employer (for Individual) owa Mutual Ins. Co.	Occu Sr. V	pation (for Individual) /.P.	Payroll Deduction									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]									
в. <u></u>	ull Name of Individual (Last, First, Middle Initia Brock, Thomas, J., , failing Address 60 E. Spring St. #326	l) or Full Or	ganization Name	Date of Receipt									
C	bity Columbus	State	Zip Code 43215	07 13 2018 Transaction ID : SA11AL.28234									
F	EC ID number of contributing ederal political committee.	С	43213	Amount of Each Receipt this Period									
N N	lame of Employer (for Individual) lotorists Mutual Ins Co	Occu Asst	upation (for Individual) . VP	Payroll Deduction									
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]									
	ull Name of Individual (Last, First, Middle Initia Brock, Thomas, J., ,	l) or Full Or	rganization Name	Date of Receipt									
_	failing Address 60 E. Spring St. #326			07 / D D / Y Y Y Y Y 2018									
	columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28166           Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Mutual Ins Co			pation (for Individual) VP	Payroll Deduction									
н	teceipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 225.00	]									
SU	BTOTAL of Receipts This Page (optional)			45.00									
то	TAL This Period (last page this line number or	nly)											

### SCHEDULE A (FEC Form 3X) .....

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

171			Use separate schedule(s)	(0	heck only	v one)								
			for each category of the Detailed Summary Page		<b>X</b> 11a	11		11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				n for the	purpos	se of s							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUN	١D										
A.	Full Name of Individual (Last, First, Middle Initia Brock, Thomas, J., ,	al) or Full Or	rganization Name		Date of	Recei	ipt							
	Mailing Address 60 E. Spring St. #326				08	/	10	/ Y	2018	Y				
	City Columbus	State OH	Zip Code 43215		Transaction ID : SA11AI.28167 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Motorists Mutual Ins Co	Occu Asst	upation (for Individual) t. VP		Me Payroll D	emo Ite educti								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
в.	Full Name of Individual (Last, First, Middle Initia Brock, Thomas, J., ,	al) or Full Or	rganization Name		Date of	Recei	ipt							
	Mailing Address 60 E. Spring St. #326				08		24	/ Y	y y 2018	Y				
	City Columbus	State OH	Zip Code 43215	_				A11AI.2	28168 is Period					
	FEC ID number of contributing federal political committee.	C		15.00										
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP		Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
с.	Full Name of Individual (Last, First, Middle Initia Brock, Thomas, J., ,	al) or Full Or	rganization Name		Date of	Recei	ipt							
	Mailing Address 60 E. Spring St. #326				09	/	D D D 07	/ Y	2018	Y				
	City Columbus	State OH	Zip Code 43215					SA11AI.2	28169 is Period					
	FEC ID number of contributing federal political committee.	С				y		J	15.0	00				
	Name of Employer (for Individual) Motorists Mutual Ins Co	Occu Asst.	upation (for Individual) VP		Payroll Deduction									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
s	UBTOTAL of Receipts This Page (optional)					,		9	45.0	00				
т	OTAL This Period (last page this line number or	וy)		🕨		- 7		-						

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         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 INSUF	RANCE CO	OMPANY CIVIC FUND										
Full Name of Individual (Last, First, Middle I A. Brock, Thomas, J., ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 60 E. Spring St. #326			09 21 2018									
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28225 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		15.00									
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]									
Full Name of Individual (Last, First, Middle I B. Campbell, Grady, , Mr.,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5760 Whispering Trail			07 13 2018									
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28236 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]									
Full Name of Individual (Last, First, Middle I c. Campbell, Grady, , Mr.,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5760 Whispering Trail			07 27 2018									
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28041 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Memo Item Payroll Deduction									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	]									
SUBTOTAL of Receipts This Page (optional)			65.00									
TOTAL This Period (last page this line numbe	er only)											

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check of	only o	ne)	L							
I LIVILLU REVEILIO		for each category of the Detailed Summary Page	<b>X</b> 11a	a	11b 14	11c 15	12	17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for th		rpose of	soliciting	contribut	tions					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUND	)										
Full Name of Individual (Last, First, Middle A. Campbell, Grady, , Mr.,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 5760 Whispering Trail			м 0		/ D I	О / Ү	2018	Y					
City Galena	State OH	Zip Code 43021		Transaction ID : SA11AI.28042 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Payro		o Item luction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]										
Full Name of Individual (Last, First, Middle B. Campbell, Grady, , Mr.,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 5760 Whispering Trail			0		24		2018	Y					
City Galena	State OH					SA11AL	2 <b>8043</b> is Period						
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00											
Full Name of Individual (Last, First, Middle C. Campbell, Grady, , Mr.,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 5760 Whispering Trail			0		07		2018	Y					
City Galena	State OH	Zip Code 43021				SA11AL	28044 is Period						
FEC ID number of contributing federal political committee.	С				, .		25.0	00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Memo Item Payroll Deduction										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	]										
SUBTOTAL of Receipts This Page (optiona	l)				9	. ,	75.0	00					
TOTAL This Period (last page this line num	ber only)				-								

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	OMPANY CIVIC FUND	)								
Full Name of Individual (Last, First, Mic A. Campbell, Grady, , Mr.,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5760 Whispering Trail			09 21 2018								
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.28195 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	]								
Full Name of Individual (Last, First, Mic <b>B.</b> Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive	Idle Initial) or Full O	rganization Name	Date of Receipt								
City Gahanna	State OH	Zip Code 43230	07     13     2018       Transaction ID : SA11AI.28237       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]								
Full Name of Individual (Last, First, Mic C. Craig, Camille, , Mrs.,	Idle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4282 Hunts Drive			07 27 2018								
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.27987 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For: Primary General	Assi	upation (for Individual) stant Vice President Life Adm. Year-to-Date ▼	Memo Item Payroll Deduction								
SUBTOTAL of Receipts This Page (option			55.00								
TOTAL This Period (last page this line nu	umber only)	•••••••••••••••••••••••••••••••••••••••									

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

		Use separate schedule(s)	(check only one)									
		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			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE										
Full Name of Individual (Last, First, Middle A. Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4282 Hunts Drive			M         M         /         D         /         Y									
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.27988 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		15.00									
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]									
Full Name of Individual (Last, First, Middle B. Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4282 Hunts Drive	State	Zip Code	08 / D D / Y Y Y Y 2018									
City Gahanna	OH	43230	Transaction ID : SA11AI.27989 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) istant Vice President Life Adm.	Payroll Deduction									
Receipt For:	Aggregate	Year-to-Date V	1									
Other (specify) ▼	L	255.00										
Full Name of Individual (Last, First, Middle Craig, Camille, , Mrs.,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4282 Hunts Drive			09 07 Y Y Y Y 2018									
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.27990 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Life Ins. Co.		upation (for Individual) stant Vice President Life Adm.	Memo Item Payroll Deduction									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	]									
SUBTOTAL of Receipts This Page (optional).			45.00									
TOTAL This Period (last page this line numb	er only)											

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Concerc only one)       Image: The image: The image is a state of the image is a
Any information copied from such Reports and or for commercial purposes, other than using			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Ins. Co.	State OH C	rganization Name Zip Code 43230 upation (for Individual) istant Vice President Life Adm.	Date of Receipt 09 / 21 / 2018 Transaction ID : SA11AI.28183 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle         B. Eppley, Jason, M, Mr.,         Mailing Address 7918 Brianna Drive         City         Blacklick         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Motorists Mutual Insurance Co         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occu	rganization Name Zip Code 43004 upation (for Individual) P, Commercial Production & Servic Year-to-Date ▼ 210.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Eppley, Jason, M, Mr.,         Mailing Address 7918 Brianna Drive         City         Blacklick         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Motorists Mutual Insurance Co         Receipt For:         Primary       General         Other (specify)	State OH C Occu AVP	rganization Name Zip Code 43004 upation (for Individual) , Commercial Production & Servic Year-to-Date ▼ 225.00	Date of Receipt 07 27 2018 Transaction ID : SA11AI.28049 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		· · ·	45.00

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 21 OF

		(	(check only one)											
111			for each category of the Detailed Summary Page		★ 11a	11b		11c 15	12 16	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n				on for the	purpose		bliciting	contribut	ions				
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUN	ID										
A.	Full Name of Individual (Last, First, Middle Initial Eppley, Jason, M, Mr.,	) or Full Or	rganization Name		Date of Receipt									
	Mailing Address 7918 Brianna Drive				м м 08	/ D	10	/ Y	ү ү 2018	Y				
	City Blacklick	State OH	Zip Code 43004		Transaction ID : SA11AI.28050           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 9, Commercial Production & Se	ervice	Me Payroll D	emo Ite eductio								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
в.	Full Name of Individual (Last, First, Middle Initial Eppley, Jason, M, Mr.,	) or Full Or	rganization Name		Date of	Receip	ot							
	Mailing Address 7918 Brianna Drive					/ D	D 24	/ Y	y y 2018	Y				
	City Blacklick	State OH	Zip Code 43004					411AI.2 eipt thi	8051 s Period					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) AVP, Commercial Production & Service			15.00									
	Name of Employer (for Individual) Motorists Mutual Insurance Co				Me Payroll D	emo Ite eductio								
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 255.00											
с.	Full Name of Individual (Last, First, Middle Initial Eppley, Jason, M, Mr.,	) or Full Or	rganization Name		Date of	Receip	ot							
	Mailing Address 7918 Brianna Drive	01-1-	The October		09	L	07		у у 2018	Ŷ				
	City Blacklick	State OH	Zip Code 43004					A11AI.2 eipt thi	s Period					
	FEC ID number of contributing federal political committee.	С				9		9	15.0	00				
	Name of Employer (for Individual) Motorists Mutual Insurance Co	AVP,	upation (for Individual) , Commercial Production & Sei	rvices	Me Payroll D	emo Ite eductio								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
s	UBTOTAL of Receipts This Page (optional)			•		,		7	45.0	00				
т	OTAL This Period (last page this line number on	ly)		. 🕨	Γ.	- 40		-						

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22 OF

			Use separate schedule(s	;) (	(check only one)						
11			for each category of the Detailed Summary Page		<b>X</b> 11a	11b	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				on for the	purpose of	of soliciting	g contribu	tions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FU	ND							
A.	Full Name of Individual (Last, First, Middle Initia Eppley, Jason, M, Mr.,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 7918 Brianna Drive				09	/ D 2		ү ү 2018	Y		
	City Blacklick	State OH	Zip Code 43004				: SA11AI. Receipt th		_		
	FEC ID number of contributing federal political committee.	C					F	15.	00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Commercial Production & S	Service	Payroll D	emo Item Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00								
в.	Full Name of Individual (Last, First, Middle Initia Fee, Jeffrey, S, , Mailing Address 537 Courtright Court	al) or Full O	rganization Name		M M	Receipt		YYY	Y		
	City Pickerington	State OH	Zip Code 43147			action ID	3 : SA11AI.				
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occi	Me Payroll D	emo Item eduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
с.	Full Name of Individual (Last, First, Middle Initia Fee, Jeffrey, S, ,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 537 Courtright Court	1			07	/ D	D / Y	2018	Y		
	City Pickerington	State OH	Zip Code 43147				Receipt th				
FEC ID number of contributing federal political committee.		С				, ,	. ,	15.	00		
Motorists Mutual Ins. Co.			upation (for Individual) t Vice President Commercial I	Lines		emo Item Deduction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00								
s	UBTOTAL of Receipts This Page (optional)			►			. ,	45.	00		
т	OTAL This Period (last page this line number of	nly)		►							

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 23 OF

			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
	ny information copied from such Reports and Sta for commercial purposes, other than using the										
<u> </u>	NAME OF COMMITTEE (In Full)										
$\rangle$	MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND								
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name								
Α.	Fee, Jeffrey, S, , Mailing Address 537 Courtright Court			Date of Receipt							
				08 10 2018							
	City	State OH	Zip Code	Transaction ID : SA11AI.28054							
	Pickerington	OH	43147	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item							
	Motorists Mutual Ins. Co.	Asst	t Vice President Commercial Lines	Payroll Deduction							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify) ▼		240.00								
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name								
В.	Fee, Jeffrey, S, ,			Date of Receipt							
	Mailing Address 537 Courtright Court			08 24 2018							
	City	State	Zip Code	Transaction ID : SA11AI.28055 Amount of Each Receipt this Period							
	Pickerington	OH	43147								
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) t Vice President Commercial Line:	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		, 255.00								
	Full Name of Individual (Last, First, Middle Initi Fee, Jeffrey, S, ,	al) or Full O	organization Name	Date of Receipt							
0.	Mailing Address 537 Courtright Court			09 07 2018							
	City	State	Zip Code	Transaction ID : SA11AI.28056							
	Pickerington	ОН	43147	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item							
Motorists Mutual Ins. Co. Ass			t Vice President Commercial Lines	Payroll Deduction							
Receipt For:     Aggregate Year-to-Date       Primary     General			Year-to-Date ▼								
	Other (specify)		270.00								
s	UBTOTAL of Receipts This Page (optional)			45.00							
	OTAL This Period (last page this line number o										

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

		Use separate schedule(s)	(check only one)							
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			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUNE	)							
Full Name of Individual (Last, First, Middle <b>A.</b> Fee, Jeffrey, S, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 537 Courtright Court			09 21 2018							
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28198 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) t Vice President Commercial Line	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	1							
Full Name of Individual (Last, First, Middle B. Feldner, Cynthia, , , Mailing Address 5367 Stotlz Ave	Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	07 13 2018 Transaction ID : SA11AI.28241							
Groveport FEC ID number of contributing federal political committee.	ОН	43125	Amount of Each Receipt this Period							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) P Accounting	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210,00	]							
Full Name of Individual (Last, First, Middle C. Feldner, Cynthia, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5367 StotIz Ave	1-	1	07 / D D / Y Y Y Y 27 2018							
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28004           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	AVP	upation (for Individual) Accounting	Memo Item Payroll Deduction							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]							
SUBTOTAL of Receipts This Page (optional)			45.00							
TOTAL This Period (last page this line numb	er only)									

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
II EIVIIZED KEVEIPIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUNE	)							
Full Name of Individual (Last, First, Mid A. Feldner, Cynthia, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5367 Stotlz Ave			M = M         /         D = D         /         Y = Y = Y         Y         08         10         2018         10							
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28005 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Accounting	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]							
Full Name of Individual (Last, First, Mid B. Feldner, Cynthia, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5367 Stotlz Ave			08 / D D / Y Y Y Y 24 2018							
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28006 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) P Accounting	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 255.00	]							
Full Name of Individual (Last, First, Mic C. Feldner, Cynthia, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5367 Stotlz Ave			09 / D D / Y Y Y Y Y 09 07 2018							
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28007           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Motorists Mutual Ins. Co. A		upation (for Individual) Accounting	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	]							
SUBTOTAL of Receipts This Page (option	nal)		45.00							
TOTAL This Period (last page this line n	umber only)									

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

Use separate schedule		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)								
Full Name of Individual (Last, First, Mide Feldner, Cynthia, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5367 Stotlz Ave			09 21 2018								
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.28187 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	AVF	upation (for Individual) Accounting	Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]								
Full Name of Individual (Last, First, Mide <b>B.</b> Fullenkamp, Joseph, P, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3123 Summit Street			07 13 2018								
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28243 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]								
Full Name of Individual (Last, First, Mide C. Fullenkamp, Joseph, P, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3123 Summit Street			07 27 2018								
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28069 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occi Asst	upation (for Individual) VP	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]								
SUBTOTAL of Receipts This Page (option	al)		45.00								
TOTAL This Period (last page this line nu	mber only)										

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

			Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c 15	12	17	
	information copied from such Reports and Stat or commercial purposes, other than using the n				for the		pose of	soliciting	contribu	tions	
	IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUND								
	ull Name of Individual (Last, First, Middle Initial Fullenkamp, Joseph, P, ,	) or Full Or	ganization Name		Date of	Re	ceipt				
N	Iailing Address 3123 Summit Street				м м 08	1	10	) / Y	ү ү 2018	Y	
	ity Columbus	State OH	Zip Code 43202					SA11AL	28070 is Period		
	EC ID number of contributing ederal political committee.	С						-	15.	00	
Ν	lame of Employer (for Individual) Notorists Mutual Insurance Co.	Occu Asst	pation (for Individual) VP	F	Me Payroll D		tem tion				
н	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 240.00								
	ull Name of Individual (Last, First, Middle Initial Fullenkamp, Joseph, P, ,	) or Full Or	rganization Name		Date of	Re	ceipt				
N	lailing Address 3123 Summit Street	1-			08	/	D D D 24	/ Y	2018	Y	
	bity Columbus	State OH	Zip Code 43202				-	SA11AL	28071 is Period		
	EC ID number of contributing ederal political committee.	C			15.00						
	lame of Employer (for Individual) lotorists Mutual Insurance Co.	Occu Asst	F	Me Payroll D		ttem Item					
R	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 255.00								
	ull Name of Individual (Last, First, Middle Initial Fullenkamp, Joseph, P, ,	) or Full Or	ganization Name		Date of	Re	ceipt				
N	ailing Address 3123 Summit Street				м м 09	/	07		2018	Y	
	ity Columbus	State OH	Zip Code 43202					SA11AI.	28072 is Period		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co.		С			<u> </u>		<b>,</b> ,		15.	00	
		Occupation (for Individual) Asst VP					ttem ltem				
R	leceipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 270.00								
SU	BTOTAL of Receipts This Page (optional)		•	·			, .		45.0	00	
то	TAL This Period (last page this line number on	ly)	······ •	-							

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

		Use separate schedule(s)	(check only	(check only one)						
		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	11c 15	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the p	ourpose of so	oliciting	contributi	ions			
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND								
Full Name of Individual (Last, First, Middle   <b>A.</b> Fullenkamp, Joseph, P, ,	Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 3123 Summit Street			09	/ D D 21	/ Y	y y 2018	Y			
City Columbus	State OH	Zip Code 43202		action ID : SA of Each Rec			_			
FEC ID number of contributing federal political committee.	С				-9-	15.0	0			
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Me Payroll De	mo Item eduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]							
Full Name of Individual (Last, First, Middle   George, Ying, , Ms, Mailing Address 1389 Glenn Ave	Initial) or Full O	rganization Name	Date of	Receipt		ÝÝÝ	V			
City	State	Zip Code	07	13 Inction ID : SA		2018	T			
Columbus	ОН	43212		of Each Rec						
FEC ID number of contributing federal political committee.	С				-	15.0	0			
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Tax Services	Me Payroll De	mo Item eduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]							
Full Name of Individual (Last, First, Middle C. George, Ying, , Ms,	Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 1389 Glenn Ave			M M M	/ D D 27	/ Y	ү ү 2018	Ŷ			
City Columbus	State OH	Zip Code 43212		of Each Rec						
FEC ID number of contributing federal political committee.				, ,	9	15.0	0			
Name of Employer (for Individual) Motorists Mutual Insurance Co.	upation (for Individual) 9, Tax Services	Payroll De	emo Item eduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]							
SUBTOTAL of Receipts This Page (optional).					9	45.0	0			
TOTAL This Period (last page this line number	er only)									

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

		Use separate schedule(s)	(check only one)							
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	MPANY CIVIC FUNE	)							
Full Name of Individual (Last, First, Middle George, Ying, , Ms,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1389 Glenn Ave			M M / D D / Y Y Y Y Y 08 10 2018							
City Columbus	State OH	Zip Code 43212	Transaction ID : SA11AI.28171 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) P, Tax Services	Memo Item Payroll Deduction							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1							
Full Name of Individual (Last, First, Middle B. George, Ying, , Ms,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1389 Glenn Ave			M         M         /         D         /         Y							
City Columbus	State OH	Zip Code 43212	Transaction ID : SA11AI.28172 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Tax Services	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]							
Full Name of Individual (Last, First, Middle C. Gilmore, Amy, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3500 Leap Rd.			09 07 2018							
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.27970 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Motorists Insurance Group	Occi VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]							
SUBTOTAL of Receipts This Page (optional	)		55.00							
TOTAL This Period (last page this line numl	per only)									

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)						
II EIVILED RECEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNI	)						
Full Name of Individual (Last, First, Mide Gilmore, Amy, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3500 Leap Rd.			09 21 2018						
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28178           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
Full Name of Individual (Last, First, Mide Graham, Elizabeth, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			07 / D D / Y Y Y Y Y 13 2018						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.28247 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) P Personal Lines Underwriting	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.00							
Full Name of Individual (Last, First, Mide C. Graham, Elizabeth, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place		1	07 / D D / Y Y Y Y Y 27 2018						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.27975           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Motorists Mutual Ins. Company		upation (for Individual) Personal Lines Underwriting	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]						
SUBTOTAL of Receipts This Page (option	al)		55.00						
TOTAL This Period (last page this line nu	mber only)								

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 31 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUND	)						
Full Name of Individual (Last, First, Middle A. Graham, Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			08 / D D / Y Y Y Y 08 10 2018						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.27976 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Personal Lines Underwriting	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1						
Full Name of Individual (Last, First, Middle B. Graham, Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place	State	Zin Code	08 / D D / Y Y Y Y 2018						
City Columbus	OH	Zip Code 43204	Transaction ID : SA11AI.27977 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) P Personal Lines Underwriting	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]						
Full Name of Individual (Last, First, Middle C. Graham, Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3128 Ellis Place			09 / D D / Y Y Y Y 09 07 2018						
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.27978           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.			15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Personal Lines Underwriting	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	]						
SUBTOTAL of Receipts This Page (optional)			45.00						
TOTAL This Period (last page this line numb	er only)								

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 32 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
TIEMIZED RECEIPTS			for each category of the Detailed Summary Page				11b 14	11c		ſ	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and a	ay not be sold or used by any p address of any political committe	erson e to s	13 for the olicit cor	purp	oose of	soliciting	contr	ributio	ns
	MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUNE	)							
Α.	Full Name of Individual (Last, First, Middle Ini Graham, Elizabeth, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 3128 Ellis Place				09	/	D D 21	/ Y	ү 201	ү ) 8	
	City Columbus	State OH	Zip Code 43204					SA11AI.			
	FEC ID number of contributing federal political committee.	С					<del>.</del>			15.00	)
	Name of Employer (for Individual)		upation (for Individual) P Personal Lines Underwriting				Item				
	Motorists Mutual Ins. Company Receipt For:		<b>C</b>	'	Payroll D	Jeau	ction				
	Primary General Other (specify) <b>v</b>	Aggregate	Year-to-Date ▼ 285.00								
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	Proanization Name								
В.	Gregoire, Shaun, D., ,	,			Date of	Re	ceipt				
	Mailing Address 396 Shelby Avenue, East	01-1-	7.0.1		м м 07	/	13	/ Y	2018		
	City Powell	State OH	Zip Code 43065					SA11AL			
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					)	
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP Marketing			Payroll D		ltem ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240,00	]							
С.	Full Name of Individual (Last, First, Middle Ini Gregoire, Shaun, D., ,	tial) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 396 Shelby Avenue, East				07 / 27 / Y Y Y Y 07 27 2018						
	City Powell	State OH	Zip Code 43065					SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С								15.00	)
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing		M Payroll D		Item Iction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>			, .			45.00	

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE	)						
Full Name of Individual (Last, First, Middle A. Gregoire, Shaun, D., ,	Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East			08 / D D / Y Y Y Y 08 10 2018						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28135 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]						
Full Name of Individual (Last, First, Middle B. Gregoire, Shaun, D., ,	Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East	State	Zip Code	08 / 24 / 2018						
Powell	OH	43065	Transaction ID : SA11AI.28136 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]						
Full Name of Individual (Last, First, Middle C. Gregoire, Shaun, D., ,	Initial) or Full O	organization Name	Date of Receipt						
Mailing Address 396 Shelby Avenue, East			09 / 07 / Y Y Y Y 09 07 2018						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28137 Amount of Each Receipt this Period						
Motorists Mutual Ins. Company			15.00						
		upation (for Individual) Marketing	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]						
SUBTOTAL of Receipts This Page (optional).			45.00						
TOTAL This Period (last page this line number	er only)								

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	1	ſ	17	
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson fo to soli	or the	pur ntrib	pose of	soliciting	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND									
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guanciale, Dino, , ,				Date of Receipt							
	Mailing Address 4819 St. Andrews Circle				07 13 / Y Y Y Y 2018							
	City Westerville	State OH	Zip Code 43082	A				SA11AI.				
	FEC ID number of contributing federal political committee.	° (				15.00						
	Name of Employer (for Individual)		upation (for Individual)		Memo Item							
	Motorists Mutual Ins Co. Receipt For:	Asst		Payroll Deduction								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name									
В.	Guanciale, Dino, , ,         Mailing Address       4819 St. Andrews Circle				ate o ™ ■ M 07	f Re	eceipt	/ Y	2018			
	City	State	Zip Code	14		acti		SA11AL				
	Westerville	OH	43082					eceipt th				
	FEC ID number of contributing federal political committee.	С		15.00							)	
	Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupation (for Individual) Asst. VP				Memo Item Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00										
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guanciale, Dino, , ,				ate o	f Re	eceipt					
	Mailing Address 4819 St. Andrews Circle				08 10 2018							
	City Westerville	State OH	Zip Code 43082	A				SA11AI.				
	FEC ID number of contributing federal political committee.	С					,	,		15.00	)	
	Name of Employer (for Individual) Motorists Mutual Ins Co.	Occu Asst	Memo Item Payroll Deduction									
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00										
	UBTOTAL of Receipts This Page (optional)				-	-	5	· ·		45.00		

#### SCHEDULE A (FEC Form 3X) - - - - -

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 35 OF

	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	47					
Any information copied from such Repor or for commercial purposes, other than t			erson for the	purpose of :								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	ISURANCE CO	MPANY CIVIC FUND	)									
Full Name of Individual (Last, First, M A. Guanciale, Dino, , ,	I Name of Individual (Last, First, Middle Initial) or Full Organization Name uanciale, Dino, , ,				Date of Receipt							
Mailing Address 4819 St. Andrews Circle				08 24 2018								
City Westerville	State OH	Zip Code 43082			on ID : SA11AI.28031 Each Receipt this Period							
FEC ID number of contributing federal political committee.	C					15.0	00					
Name of Employer (for Individual) Motorists Mutual Ins Co.		Occupation (for Individual) Asst. VP			Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guanciale, Dino, , ,				f Receipt								
Mailing Address 4819 St. Andrews Circle				09 07 Y Y Y Y 2018								
City Westerville	State OH	Zip Code 43082		action ID : S t of Each Re	-							
FEC ID number of contributing federal political committee.	С					15.0	00					
Name of Employer (for Individual) Motorists Mutual Ins Co.	upation (for Individual) t. VP	Memo Item Payroll Deduction										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guanciale, Dino, , ,				f Receipt								
Mailing Address 4819 St. Andrews Circle				/ D D 21	/ Y	y y 2018	Y					
City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.28192 Amount of Each Receipt this Peri								
FEC ID number of contributing federal political committee.	С			. , .		15.0	00					
Name of Employer (for Individual) Motorists Mutual Ins Co.	Occu Asst	upation (for Individual) . VP		lemo Item Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	]									
SUBTOTAL of Receipts This Page (opt	ional)			. , .	,	45.0	0					
TOTAL This Period (last page this line	number only)											

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE	)							
A. Hall, Marc S., , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Marc S., , ,									
Mailing Address 5999 Lane Road	07 13 Y Y Y Y Y 07 13 2018									
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.28250 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Marc S., , , Mailing Address 5999 Lane Road			Date of Receipt							
City	State	Zip Code	07 27 2018							
Centerburg	OH	43011	Transaction ID : SA11AI.28102 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) sist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]							
Full Name of Individual (Last, First, Middle C. Hall, Marc S., , ,	Date of Receipt									
Mailing Address 5999 Lane Road	08 10 2018									
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.28103 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]							
SUBTOTAL of Receipts This Page (optiona	l)		45.00							
TOTAL This Period (last page this line num	ber only)									

#### SCHEDULE A (FEC Form 3X) • •

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

		(check only one)												
111			×	11a 13		11b 14	11c 15	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the p		oose of	soliciting	contribut	tions				
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND											
A.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full Oi	Organization Name	Date of Receipt										
	Mailing Address 5999 Lane Road			Ιſ	<sup>M</sup> 08	/	D D 24	/ Y	y y 2018	Y				
	City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.28104         Amount of Each Receipt this Period         15.00										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Pa	Me yroll De		Item Iction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]										
в.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full O	Organization Name	D	ate of	Re	ceipt							
	Mailing Address 5999 Lane Road	State Zin Code					D D D 07	/ Y	2018	Y				
	City Centerburg	State OH	Zip Code 43011				-	SA11AL2	28105 is Period					
	FEC ID number of contributing federal political committee.	С	15.00											
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.			Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1										
с.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full O	Organization Name	D	ate of	Re	ceipt							
	Mailing Address 5999 Lane Road				<sup>M</sup> 09	/	D D D 21	/ Y	2018	Y				
	City Centerburg	State OH	Zip Code 43011	A				SA11AI.	28210 is Period					
	FEC ID number of contributing federal political committee.	С			_		y		15.0	00				
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00											
s	UBTOTAL of Receipts This Page (optional)			. [			,	,	45.0	00				
т	OTAL This Period (last page this line number or	וy)	••••••											

#### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

		Use separate schedule(s)	(check on	y one)								
I LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	<b>1</b> 7					
Any information copied from such Reports and or for commercial purposes, other than using the												
Full Name of Individual (Last, First, Middle Ir A. Henderson, Thomas, J., ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 9725 Wagonwood Drive			07	07 / D D / Y Y Y Y 2018								
City Pickerington	State OH	Zip Code 43147		Transaction ID : SA11AI.28251 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims		emo Item Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]									
Full Name of Individual (Last, First, Middle Ir B. Henderson, Thomas, J., ,	nitial) or Full C	Date o	f Receipt									
Mailing Address 9725 Wagonwood Drive			м м 07	/ D [ 27		y y 2018	Y					
City Pickerington	State OH	Zip Code 43147		action ID : t of Each F	-							
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) sist. V. P., Claims		emo Item Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]									
Full Name of Individual (Last, First, Middle Ir C. Henderson, Thomas, J., ,	nitial) or Full C	organization Name	Date o	f Receipt								
Mailing Address 9725 Wagonwood Drive			08	/ D 10		2018	Y					
City Pickerington	State OH	Zip Code 43147		saction ID : t of Each F								
FEC ID number of contributing federal political committee.	С			y	. y	15.0	0					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) st. V. P., Claims	Payroll Deduction									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]									
SUBTOTAL of Receipts This Page (optional)						45.0	0					
TOTAL This Period (last page this line number	only)											

### SCHEDULE A (FEC Form 3X)

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND	)								
Full Name of Individual (Last, First, Middle A. Henderson, Thomas, J., ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9725 Wagonwood Drive			08 24 2018								
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28059 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	1								
B. Henderson, Thomas, J., ,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name enderson, Thomas, J., , illing Address 9725 Wagonwood Drive										
Mailing Address 9725 Wagonwood Drive	State	Zip Code	09 / 07 / Y Y Y Y 2018								
Pickerington	OH	43147	Transaction ID : SA11AI.28060 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
Full Name of Individual (Last, First, Middle C. Henderson, Thomas, J., ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9725 Wagonwood Drive			09 / D D / Y Y Y Y 21 2018								
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28199           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Assi	upation (for Individual) st. V. P., Claims	Payroll Deduction								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	]								
SUBTOTAL of Receipts This Page (optional)			45.00								
TOTAL This Period (last page this line numb	er only)										

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 40 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUNE	)
Full Name of Individual (Last, First, Middl A. Hennen, Kirk, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2860 Wynridge Drive			07 13 2018
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 2, Sales - West Zone	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middl Hennen, Kirk, , , Mailing Address 2860 Wynridge Drive	e Initial) or Full O	rganization Name	Date of Receipt
City Grove City	State	Zip Code 43123	07     27     2018       Transaction ID : SA11AI.28082       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middl C. Hennen, Kirk, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2860 Wynridge Drive			08 / D D / Y Y Y Y 2018
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28083           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) , Sales - West Zone	Payroll Deduction
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optiona			60.00
TOTAL This Period (last page this line num	ber only)		

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 41 OF

	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUND	)									
Full Name of Individual (Last, First, Middle A. Hennen, Kirk, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2860 Wynridge Drive			08 24 2018									
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28084           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		20.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	1									
Full Name of Individual (Last, First, Middle B. Hennen, Kirk, , , Mailing Address 2860 Wynridge Drive	Initial) or Full O	rganization Name	Date of Receipt									
City	State	Zip Code	09 07 2018 Transaction ID : SA11AL28085									
Grove City	ОН	43123	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Memo Item Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1									
Full Name of Individual (Last, First, Middle C. Hennen, Kirk, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2860 Wynridge Drive			09 / D D / Y Y Y Y 21 2018									
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28205           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVP	upation (for Individual) 9, Sales - West Zone	Payroll Deduction									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00	]									
SUBTOTAL of Receipts This Page (optional)			60.00									
TOTAL This Period (last page this line numb	per only)											

#### SCHEDULE A (FEC Form 3X) • •

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 42 OF

		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions								
Full Name of Individual (Last, First, Middle In <b>A.</b> Howat, James, Christopher, ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 250 Daniel Burnham Sq Unit	504		09 07 / Y Y Y Y 09 07 2018								
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28176 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) >	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
Full Name of Individual (Last, First, Middle In A. Howat, James, Christopher, ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 250 Daniel Burnham Sq Unit	504		M = M         /         D = D         /         Y = Y = Y = Y         Y         O								
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28185 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Motorists Insurance	Occ EVI	eupation (for Individual) P	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00	]								
Full Name of Individual (Last, First, Middle In C. Jeffers, Dan, E., Mr.,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 6401 Rossmore Lane			07 / D D / Y Y Y Y 07 13 2018								
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.28254 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins Company		upation (for Individual) ist. V. P.	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	]								
SUBTOTAL of Receipts This Page (optional)			115.00								
TOTAL This Period (last page this line number	<sup>.</sup> only)										

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 43 OF

17			(check only one)													
11	EMIZED RECEIPTS		×	11a 13		11b 14	11c	12	Г	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 p address of any political committe	erson fo e to sol	or the	purp ntrib	ose of	soliciting	g contril	butio	ns					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND	)												
Α.	Full Name of Individual (Last, First, Middle Initi Jeffers, Dan, E., Mr.,	ial) or Full O	r Full Organization Name				Date of Receipt									
	Mailing Address 6401 Rossmore Lane				м м 07	/	D D 27	/ Y	2018		]					
	City Canal Winchester	State OH	Zip Code 43110	A				SA11AI.		od						
	FEC ID number of contributing federal political committee.	С					<del>.</del>		1	5.00						
	Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For:	Occu Assi	Pa	M ayroll E		Item Iction										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]												
в.	Full Name of Individual (Last, First, Middle Initi Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane	ial) or Full O	rganization Name		Date of	f Re	D D	/ Y	Y Y	( Y	1					
	City	State Zip Code OH 43110				actio	10 on ID : 9	SA11AL	2018 28018							
	Canal Winchester FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period													
	Name of Employer (for Individual) Motorists Mutual Ins Company	Occi	Memo Item Payroll Deduction													
	Receipt For: Primary General Other (specify) ▼	Aggregate	]													
С.	Full Name of Individual (Last, First, Middle Initi Jeffers, Dan, E., Mr.,	ial) or Full O	rganization Name		Date of	f Re	ceipt									
	Mailing Address 6401 Rossmore Lane				08		D D D 24	L	2018		]					
	City Canal Winchester	State OH	Zip Code 43110	A			-	SA11AI. eceipt th		od						
	FEC ID number of contributing federal political committee.	С					9	9	1	5.00						
	Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For:	Assi	upation (for Individual) ist. V. P.	Payroll Deduction												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]												
	UBTOTAL of Receipts This Page (optional)				-		ş .		4	5.00	-					
11	OTAL This Period (last page this line number of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••••••••••••••••••••••••••••••••••	<u>ا</u> ا	-		,	-	and the second second	100	1.0					

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 44 OF

IT.	EMIZED RECEIPTS		(check only one)									
11			for each category of the Detailed Summary Page	×	11a 13	$\vdash$	11b	11c 15		r	17	
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any p ddress of any political committee	erson e to so	for the	purp	ose of	soliciting	contr	ributio	ons	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND									
А.		ial) or Full O	ganization Name		Date of Receipt							
	Mailing Address 6401 Rossmore Lane				09 / D D / Y Y Y Y 2018							
	City Canal Winchester	State OH	Zip Code 43110					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		<b>y</b>	 		15.00	)	
	Name of Employer (for Individual) Motorists Mutual Ins Company	Occu Assi	P	Me Payroll D		Item ction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1								
в.	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane	ial) or Full O	ganization Name		Date of	<sup>:</sup> Rec	D D	٦				
	City Canal Winchester	State OH					SA11AL					
	FEC ID number of contributing federal political committee.	OH 43110				Amount of Each Receipt this Period						
	Name of Employer (for Individual) Motorists Mutual Ins Company	Occu Assi	Memo Item Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 285.00	1								
C.	Full Name of Individual (Last, First, Middle Init Jones, Jessica, , Ms,	ial) or Full O	ganization Name		Date of	Rec	ceipt					
	Mailing Address 120 E. Dominion Blvd				<sup>M</sup> 07	/	D D D 13	JL	2018	В		
	City Columbus	State OH	Zip Code 43214					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9		15.00	)	
	Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVP	pation (for Individual) Commercial Lines	Payroll Deduction								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	1								
$\vdash$	UBTOTAL of Receipts This Page (optional)			-		_	9	· ·		45.00	)	

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	MPANY CIVIC FUNE										
Full Name of Individual (Last, First, Mido Jones, Jessica, , Ms,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 120 E. Dominion Blvd			07 27 2018									
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28065 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		15.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) 9, Commercial Lines	Payroll Deduction									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1									
Full Name of Individual (Last, First, Mido B. Jones, Jessica, , Ms,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 120 E. Dominion Blvd			08 / D D / Y Y Y Y 2018									
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28066 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		Memo Item Payroll Deduction									
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Commercial Lines										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]									
Full Name of Individual (Last, First, Mido C. Jones, Jessica, , Ms,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 120 E. Dominion Blvd			08 24 2018									
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28067 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) , Commercial Lines	Payroll Deduction									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]									
SUBTOTAL of Receipts This Page (option	al)		45.00									
TOTAL This Period (last page this line nu	mber only)											

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11c 12 15 16 ·								
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of sol	iciting contributions								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND										
Full Name of Individual (Last, First, Middle Jones, Jessica, , Ms,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 120 E. Dominion Blvd			09 07	2018								
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28068 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) P, Commercial Lines	Payroll Deduction									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
Full Name of Individual (Last, First, Middle B. Jones, Jessica, , Ms,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Jessica, , Ms,											
Mailing Address 120 E. Dominion Blvd			09 / D D /	2018								
City Columbus	State OH	Zip Code 43214	Transaction ID : SA Amount of Each Rece									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Commercial Lines	Payroll Deduction									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00										
Full Name of Individual (Last, First, Middle C. Kaufman, David L., , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7925 Greenside Lane			07 / D D /	2018								
City Worthington	State OH	Zip Code 43235	Transaction ID : SA Amount of Each Rece									
FEC ID number of contributing federal political committee.	С			100.00								
Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:		upation (for Individual) cutive VP & COO	Memo Item Payroll Deduction									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 490.00										
SUBTOTAL of Receipts This Page (optional)				130.00								
TOTAL This Period (last page this line numb	per only)											

#### SCHEDULE A (FEC Form 3X) • •

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

т			(check only one)										
			×	11a 13	_	1b 4	11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the p	ourpo	se of s	soliciting	contribut	ions			
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND										
A.	Full Name of Individual (Last, First, Middle Initia Kaufman, David L., , ,	al) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 7925 Greenside Lane				07 27 2018								
	City Worthington	State OH	Zip Code 43235		Transaction ID : SA11AI.28021 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				-,			100.0	00			
	Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Occu Exect Aggregate	F	Payroll D	mo I educ								
	Other (specify) ▼		590.00										
	Full Name of Individual (Last, First, Middle Initia Kaufman, David L., , ,	al) or Full Oi	rganization Name		Date of	Rece	eipt						
	Mailing Address 7925 Greenside Lane						D D D 10	/ Y	2018	Y			
	City Worthington	State OH	Zip Code 43235					SA11AI.2	<b>8022</b> is Period				
	FEC ID number of contributing federal political committee.	С						100.0	00				
	Name of Employer (for Individual) Motorists Mutual Ins Co	Occupation (for Individual) Executive VP & COO			Memo Item Payroll Deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00										
	Full Name of Individual (Last, First, Middle Initia Kaufman, David L., , ,	al) or Full Oi	rganization Name		Date of	Rece	eipt						
	Mailing Address 7925 Greenside Lane				08	1	D D D 24		2018	Y			
	City Worthington	State OH	Zip Code 43235					SA11AI.2	28023 is Period				
	FEC ID number of contributing federal political committee.	С				9			100.0	00			
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Memo Item Payroll Deduction									
	Receipt For: Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 790.00										
SI	JBTOTAL of Receipts This Page (optional)		•••••	•		,		,	300.0	00			
т	OTAL This Period (last page this line number or	וy)	••••••	-									

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11	-	11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pos	e of :	soliciting	g contribu	itions		
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		OMPANY CIVIC FUND										
A.	Full Name of Individual (Last, First, Middle Initial) Kaufman, David L., , , Mailing Address 7925 Greenside Lane	or Full C	Organization Name	Date of Receipt									
	City	State	Zip Code										
	Worthington	ОН	43235										
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO										
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 890.00										
в.	Full Name of Individual (Last, First, Middle Initial) Kaufman, David L., , ,	or Full C	Organization Name		Date o	of Re	ecei	pt					
	Mailing Address 7925 Greenside Lane			09 / D / Y Y Y Y Y 21 2018									
	City Worthington	State OH	Zip Code 43235	_			-		SA11AI.	<b>.28190</b> his Perioc	1		
	FEC ID number of contributing federal political committee.	С		Ē		-			100	.00			
	Name of Employer (for Individual) Motorists Mutual Ins Co	Occ Exe	F	Memo Item Payroll Deduction									
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate											
с.	Full Name of Individual (Last, First, Middle Initial) Kessler, John C., , ,	ast, First, Middle Initial) or Full Organization Name						pt					
	Mailing Address 3910 Caswell Road				<sup>M</sup> 07	/		13	/ Y	2018	Y		
	City Johnstown	State OH	Zip Code 43031						SA11AI	.28257 his Perioc			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9			20	_		
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Deduction									
	Receipt For:     A       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 280.00										
s	UBTOTAL of Receipts This Page (optional)						,			220.	00		
Т	OTAL This Period (last page this line number only	/)	••••••				-						

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 49 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)								
Full Name of Individual (Last, First, Mide Kessler, John C., , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			07 27 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28074 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
Full Name of Individual (Last, First, Mide <b>B.</b> Kessler, John C., , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			08 / D D / Y Y Y Y 08 10 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28075 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]								
Full Name of Individual (Last, First, Mide C. Kessler, John C., , ,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			08 / D D / Y Y Y Y 24 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28076           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	]								
SUBTOTAL of Receipts This Page (option	al)		60.00								
TOTAL This Period (last page this line nu	mber only)										

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 50 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	MPANY CIVIC FUND									
Full Name of Individual (Last, First, Mic <b>A.</b> Kessler, John C., , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y Y 09 07 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28077 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		20.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	VP a	upation (for Individual) and CIO	Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]								
Full Name of Individual (Last, First, Mic B. Kessler, John C., , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3910 Caswell Road			09 / D D / Y Y Y Y 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28203 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	]								
Full Name of Individual (Last, First, Mic C. King, Teresa M., , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1139 Tidewater Court			07 / D D / Y Y Y Y 2018								
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28258 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) st. V. P.	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	]								
SUBTOTAL of Receipts This Page (option	nal)		55.00								
TOTAL This Period (last page this line nu	Imber only)										

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 51 OF

ITC			Use separate schedule(s)	(che	eck only	on	e)	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17					
	r information copied from such Reports and Sta or commercial purposes, other than using the n				or the p		ose of	soliciting	contribut	ions					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		OMPANY CIVIC FUND												
A	Full Name of Individual (Last, First, Middle Initia King, Teresa M., , ,	l) or Full Or	rganization Name		Date of	Ree	ceipt								
ľ	Mailing Address 1139 Tidewater Court				07 27 2018										
	City Westerville	State OH	Zip Code 43082					SA11AI.2 eceipt thi	28150 is Period						
	FEC ID number of contributing ederal political committee.	С					<u>т</u>		15.0	00					
ſ	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	P	Me ayroll De		Item ction								
ľ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
	Full Name of Individual (Last, First, Middle Initia King, Teresa M., , ,	l) or Full Or	rganization Name		Date of	Red	ceipt								
-	Mailing Address 1139 Tidewater Court		Zip Code		M M 08	/	D D D 10	/ Y	2018	Ŷ					
	City Westerville	State OH				-	SA11AI.2 eceipt thi	28151 is Period							
	FEC ID number of contributing ederal political committee.	С	15.00												
	Name of Employer (for Individual) Notorists Mutual Ins. Co.	Occu Assi	– Pa	Payroll Deduction											
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
	Full Name of Individual (Last, First, Middle Initia King, Teresa M., , ,	l) or Full Or	rganization Name		Date of	Ree	ceipt								
ľ	Mailing Address 1139 Tidewater Court				м м 08	/	D D D 24	/ Y	2018	Y					
	City Westerville	State OH	Zip Code 43082					SA11AI.: eceipt thi	28152 is Period						
	FEC ID number of contributing ederal political committee.	С					9	, ,	15.0	00					
I	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) st. V. P.	P	Me ayroll D		ltem ction								
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00												
su	BTOTAL of Receipts This Page (optional)		•				, .	. ,	45.0	00					
тс	TAL This Period (last page this line number or	ıly)	••••••					- 49-							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 52 OF

	EMIZEN DECEIDTE		Use separate schedule(s)	(cheo		y U	ie)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2 6	17	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any p ddress of any political committee	erson fo e to soli	or the	pur ntrib	pose of	soliciting	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CO	MPANY CIVIC FUND									
Α.	Full Name of Individual (Last, First, Middle Ini King, Teresa M., , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1139 Tidewater Court				09 / D D / Y Y Y Y 09 07 2018							
	City Westerville	State OH	Zip Code 43082					SA11AI.				
	FEC ID number of contributing federal political committee.	С						-		15.00	)	
	Name of Employer (for Individual)		upation (for Individual) st. V. P.				o Item					
	Motorists Mutual Ins. Co. Receipt For:			Pa	yroli L	Jeal	uction					
	Primary General Other (specify) ▼	Aggregale	Year-to-Date ▼ 270.00	1								
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name									
В.	King, Teresa M., , , Mailing Address 1139 Tidewater Court				ate o		eceipt	/ Y	Y	Y		
				41	09		21		2018			
	City Westerville	State OH	Zip Code 43082					SA11AL				
	FEC ID number of contributing federal political committee.	С	43002		moun		Each R	eceipt th		15.00	)	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.			Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Ini Lawrence, Todd, , Mr.,	tial) or Full O	rganization Name	D	ate o	f Re	eceipt					
	Mailing Address 116 Clarke Lane				м м 07	/	13	/ Y	201		7	
	City Hopkinton	State NH	Zip Code 03229					SA11AI.			_	
	FEC ID number of contributing federal political committee.	С			moun		J			25.00	)	
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Pa			o Item uction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	1								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						9 .			55.00		

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Check only one)       Image: Mark one)
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
Hopkinton I FEC ID number of contributing federal political committee. Name of Employer (for Individual) Phenix Mutual Fire Ins. Co. Receipt For:	State Zip Code NH 03229	Date of Receipt
Hopkinton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	State Zip Code NH 03229	Date of Receipt
Hopkinton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	State Zip Code NH 03229	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		75.00

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 54 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)								
Full Name of Individual (Last, First, Mide A. Lawrence, Todd, , Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 116 Clarke Lane			M M / D D / Y Y Y Y 09 07 2018								
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.28165 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		25.00								
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occi Sr. V	upation (for Individual) V.P.	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]								
Full Name of Individual (Last, First, Mido B. Lawrence, Todd, , Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 116 Clarke Lane			09 21 2018								
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.28224 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.		upation (for Individual) V.P.	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	]								
Full Name of Individual (Last, First, Mido C. Lisi, Michael, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6740 Callaway Court			07 13 2018								
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28260 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	]								
SUBTOTAL of Receipts This Page (option	al)		65.00								
TOTAL This Period (last page this line nu	mber only)										

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 55 OF

IT!			Use separate schedule(s)	(cł	neck only	one	e)					
111			for each category of the Detailed Summary Page		<b>X</b> 11a 13	$\vdash$	11b	11c 15	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purp	ose of	soliciting	contribut	ions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNE	)								
A.	Full Name of Individual (Last, First, Middle Initia	al) or Full Oi	organization Name		Date of	Rec	ceipt					
	Mailing Address 6740 Callaway Court				M M / D D / Y Y Y Y 07 27 2018							
	City Westerville	State OH	Zip Code 43082	_				SA11AI.2	28118 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		15.0	00		
	Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	Assi	upation (for Individual) ist. V. P.		Me Payroll D		Item ction					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
B.	Full Name of Individual (Last, First, Middle Initia Lisi, Michael, , ,	al) or Full Oi	organization Name		Date of	Rec	eipt					
	Mailing Address 6740 Callaway Court		Zip Code		08	/	D D 10	/ Y	2018	Ŷ		
	City Westerville	State OH					SA11AL2	28119 is Period				
	FEC ID number of contributing federal political committee.	С		Memo Item Payroll Deduction								
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occu Assi										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
с.	Full Name of Individual (Last, First, Middle Initia Lisi, Michael, , ,	al) or Full O	organization Name		Date of	Rec	ceipt					
	Mailing Address 6740 Callaway Court				м м 08	/	D D D 24	/ Y	2018	Y		
	City Westerville	State OH	Zip Code 43082					SA11AL	28120 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		15.0	00		
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.		Me Payroll D		Item ction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00									
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	45.0	00		
т	OTAL This Period (last page this line number or	nly)		►			_	- 40-				

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

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

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

		Detailed Summary Page	× 11a 11b	11c 12	
Any information conied from such Baser	e and Statemente	av not be sold or used by one of	erson for the nurpose of	15 16	utions
Any information copied from such Report or for commercial purposes, other than u					
NAME OF COMMITTEE (In Full)					
	ISURANCE CO	OMPANY CIVIC FUND	)		
Full Name of Individual (Last, First, M Lisi, Michael, , ,	iddle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 6740 Callaway Court			09 / D D 07	/ Y Y Y 2018	Y
City Westerville	State OH	Zip Code 43082	Transaction ID :		
		43002	Amount of Each Re	eceipt this Period	d
FEC ID number of contributing federal political committee.	C			15	5.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
Motorists Mutual Ins. Company	Ass	ist. V. P.	Payroll Deduction		
Receipt For:	Aggregate	Year-to-Date <b>V</b>			
Primary General Other (specify) ▼		270.00	]		
Full Name of Individual (Last, First, M 3. Lisi, Michael, , ,	iddle Initial) or Full C	Organization Name	Date of Receipt		
Mailing Address 6740 Callaway Court			09 / D D 09 21	/ Y Y Y 2018	Y
City	State	Zip Code	Transaction ID : :	SA11AI.28214	
Westerville	OH	43082	Amount of Each Re	eceipt this Period	d
FEC ID number of contributing federal political committee.	C			15	5.00
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction		
Receipt For:	Aggregate	Year-to-Date 🔻			
Primary     General       Other (specify) ▼		285.00	]		
Full Name of Individual (Last, First, M Marshall, Brandon, , ,	iddle Initial) or Full C	Prganization Name	Date of Receipt		
Mailing Address 74 Cassidy Dr.			09 / D D 21	/ Y Y Y 2018	Y
City	State WV	Zip Code	Transaction ID :		
Winfield	VVV	25213	Amount of Each Re	eceipt this Perior	d
FEC ID number of contributing federal political committee.	C			25	5.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
Brickstreet Insurance	VP		Payroll Deduction		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		225.00	]		
SUBTOTAL of Receipts This Page (opt	onal)			55	5.00
TOTAL This Period (last page this line	number only)				-

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 57 OF

171			Use separate schedule(s)	(chec	k only	on /	e)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c		2	<b>_</b>
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson foi		purp			cont		
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	MOTORISTS MUTUAL INSURA	NCE CC	DMPANY CIVIC FUND								
<u> </u>	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	al) or Full O	rganization Name								
Α.	Mailing Address 5348 Westbrook Dr.				ate of	Red	ceipt		Y	Y	Y
				_ Ľ	07	Ĺ	13		201		
	City Cross Lanes	State WV	Zip Code 25313					SA11AI.: eceipt th			
	FEC ID number of contributing				nouni			eceipt in	IS FE		
	federal political committee.	С		1 6				-	_	40.0	0
	Name of Employer (for Individual)	Occi	upation (for Individual)	1 C	Me	emo	Item				
	Brick Street	VP		Pay	/roll D	edu	ction				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) V		240.00								
В.	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	al) or Full O	rganization Name	Da	ate of	Red	ceipt				
	Mailing Address 5348 Westbrook Dr.				07	/	27	/ Y	y 201	ү 8	Y
	City	State	Zip Code					SA11AL			_
	Cross Lanes	WV	25313	Ar	nount	of	Each Re	eceipt th	is Pe	riod	_
	FEC ID number of contributing federal political committee.	С	40.00								
	Name of Employer (for Individual) Brick Street	Occupation (for Individual) VP			Me vroll D		Item ction				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		280.00								
с.	Full Name of Individual (Last, First, Middle Initia McCormick, Terri, , ,	al) or Full O	rganization Name	Da	ate of	Red	ceipt				
	Mailing Address 5348 Westbrook Dr.				08	/	D D D 10	/ Y	ү 201	8	Ý
	City	State WV	Zip Code					SA11AL			
	Cross Lanes	_	25313	Ar	nount	of I	Each Re	eceipt th	is Pe	riod	_
	FEC ID number of contributing federal political committee.	C		1Ļ	-	_	y	. y	_	40.0	0
	Name of Employer (for Individual) Brick Street	Occu VP	upation (for Individual)	Pay	Mo Vroll D		ltem ction				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		320.00								
s	UBTOTAL of Receipts This Page (optional)									20.00	0
	OTAL This Period (last page this line number or									-	

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUND								
Full Name of Individual (Last, First, Middl A. McCormick, Terri, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5348 Westbrook Dr.			08 / Y Y Y Y Y 08 24 2018							
City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28156 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Brick Street	Occi VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1							
Full Name of Individual (Last, First, Middl B. McCormick, Terri, , , Mailing Address 5348 Westbrook Dr.	e Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	09 07 2018 Transaction ID : SA11AL28157							
Cross Lanes	WV	25313	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Brick Street	Occ. VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1							
Full Name of Individual (Last, First, Middl C. McCormick, Terri, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5348 Westbrook Dr.			M M / D D / Y Y Y Y 09 21 2018							
City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28222 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Brick Street	Occi VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	]							
SUBTOTAL of Receipts This Page (optiona	I)		120.00							
TOTAL This Period (last page this line num	ber only)									

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

			Use separate schedule(s)	(che	(check only one)							
	IVILLED RECEIF 13		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		2	17	
Any or f	information copied from such Reports and Stat or commercial purposes, other than using the n	ements ma ame and ad	L ay not be sold or used by any p ddress of any political committee	erson for to sol	or the	purp ntrib	oose of	soliciting	g cont	ributio	ons	
	VAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		OMPANY CIVIC FUND									
	ull Name of Individual (Last, First, Middle Initial McGee, Bill, , ,	) or Full Or	rganization Name		Date of	Re	ceipt					
Ν	Aailing Address 48 E. Frankfort St.				07 13 2018							
	City Columbus	State OH	Zip Code 43206					SA11AI. Receipt th			_	
	EC ID number of contributing ederal political committee.	С			_		<b>7</b>	1.45		40.00	0	
ľ	Name of Employer (for Individual) Motorists Insurance	Occu SVP	upation (for Individual) o	Pa	Me ayroll D		Item					
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
	ull Name of Individual (Last, First, Middle Initial McGee, Bill, , ,	) or Full Or	rganization Name		Date of	Re	ceipt					
Ν	Aailing Address 48 E. Frankfort St.				м м 07	/	27	) / Y	201		ŕ	
	City Columbus	State OH	Zip Code 43206					SA11AL				
F	EC ID number of contributing ederal political committee.	С	40.00									
	Name of Employer (for Individual) Notorists Insurance	Occupation (for Individual) SVP			Payroll Deduction							
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	1								
	Full Name of Individual (Last, First, Middle Initial	) or Full Or	rganization Name		Date of	Re	ceipt					
-	Aailing Address 48 E. Frankfort St.				M M 08	/	10		201		Ý	
	City Columbus	State OH	Zip Code 43206	A				SA11AI. Receipt th				
	EC ID number of contributing ederal political committee.	С			_		y			40.00	0	
ſ	Name of Employer (for Individual) Motorists Insurance	Occu SVP	upation (for Individual)	Pa	Me ayroll D		ltem Iction					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00									
su	BTOTAL of Receipts This Page (optional)			. [					1	20.00	)	
то	TAL This Period (last page this line number on	ly)		. [								

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

ודר			Use separate schedule(s)	(che	ck only	on v	e)					
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
	v information copied from such Reports and Sta or commercial purposes, other than using the n				or the p		oose of	soliciting	contribu	utions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI	NCE CO	MPANY CIVIC FUND									
	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	rganization Name	[	Date of	Re	ceipt					
I	Mailing Address 48 E. Frankfort St.				08 24 Y Y Y Y 08 24 2018							
	Columbus	State OH	Zip Code 43206	A				SA11AI.		k k		
	EC ID number of contributing ederal political committee.	С					7			.00		
	Name of Employer (for Individual) Motorists Insurance	Occu SVP	pation (for Individual)		Me ayroll D		Item Iction					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 360.00	]								
	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
I	Mailing Address 48 E. Frankfort St.				м м 09	/	D D 07	/ Y	2018	Ý		
	City Columbus	StateZip CodeOH43206					-	SA11AI.: eceipt th		d		
	FEC ID number of contributing ederal political committee.	С		40.00								
	Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP			Payroll Deduction							
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 400.00	1								
	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
1	Mailing Address 48 E. Frankfort St.				м м 09	/	D D D 21	/ Y	2018	Y		
	City Columbus	State OH	Zip Code 43206	A				SA11AI. eceipt th		ł		
	FEC ID number of contributing ederal political committee.	С			_		9		40	.00		
I	Name of Employer (for Individual) Motorists Insurance	Occu SVP	pation (for Individual)	Pa	Me ayroll D		Item Iction					
I	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 440.00									
รเ	BTOTAL of Receipts This Page (optional)						9		120	.00		
тс	TAL This Period (last page this line number on	ly)		. [			,					

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

		Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNI	)					
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			07 13 2018					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28264           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00						
Full Name of Individual (Last, First, Middle B. Moore, Marchelle, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.	0	Zie Oo de	07 / D D / Y Y Y Y 27 2018					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28098 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1					
Full Name of Individual (Last, First, Middle C. Moore, Marchelle, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			08 10 2018					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28099           Amount of Each Receipt this Period					
Motorists Mutual Insurance Co Chi			25.00					
		upation (for Individual) of Legal Officer	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00						
SUBTOTAL of Receipts This Page (optional	)		75.00					
TOTAL This Period (last page this line num	ber only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 62 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	URANCE CO	MPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Middl A. Moore, Marchelle, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			M         M         /         D         D         /         Y					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28100 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) of Legal Officer	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	]					
Full Name of Individual (Last, First, Middl B. Moore, Marchelle, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28101 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]					
Full Name of Individual (Last, First, Middl C. Moore, Marchelle, , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			09 21 2018					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28209 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) f Legal Officer	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 475.00	]					
SUBTOTAL of Receipts This Page (optiona	al)		75.00					
TOTAL This Period (last page this line nun	nber only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 63 OF

			Use separate schedule(s)	(check or	(check only one)					
			for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	17		
	n copied from such Reports and cial purposes, other than using th			person for the	e purpose of	soliciting	contribut	tions		
	COMMITTEE (In Full) RISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FUNE	)						
Full Name o A. Obrokta,	of Individual (Last, First, Middle II TJ, , ,	nitial) or Full O	rganization Name	Date	of Receipt					
Mailing Add	ress 8810 Ventura Way			07	M / D D 13	/ Y	2018	Y		
City Dublin		State OH	Zip Code 43016		<b>saction ID</b> : nt of Each R			_		
	nber of contributing ical committee.	С				-	50.0			
Motorists Ins	nployer (for Individual) surance Group		upation (for Individual) sident		Vemo Item Deduction					
Receipt For: Priman Other		Aggregate	Year-to-Date ▼ 300.00							
B. Obrokta,		nitial) or Full O	rganization Name		of Receipt					
City	Mailing Address 8810 Ventura Way		Zip Code	07	07 27 2018 Transaction ID : SA11AL28158					
Dublin		OH	43016		Amount of Each Receipt this Period					
	nber of contributing ical committee.	С				-	50.0	00		
	nployer (for Individual) surance Group		upation (for Individual) sident		Vemo Item Deduction					
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 350.00							
Full Name c	of Individual (Last, First, Middle II , TJ, , ,	nitial) or Full O	rganization Name	Date of	of Receipt					
	ress 8810 Ventura Way			08			ү ү 2018	Y		
City Dublin		State OH	Zip Code 43016		nsaction ID : nt of Each R					
	nber of contributing ical committee.	С			. , .	,	50.0	)0		
Motorists Insurance Group Pro			upation (for Individual) ident		Memo Item Deduction					
Receipt For: Primate Other		Aggregate	Year-to-Date ▼ 400.00							
SUBTOTAL o	f Receipts This Page (optional)			► L	. , .	.,	150.0	00		
TOTAL This F	Period (last page this line numbe	r only)				-				

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

			Use separate schedule(s)		(check only one)						
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		oose of	soliciting	g contrib		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUNE	)							
A.	Full Name of Individual (Last, First, Middle Initia Obrokta, TJ, , ,	al) or Full Or	rganization Name	C	Date of	Re	ceipt				
	Mailing Address 8810 Ventura Way				M M 08	/	D D D 24	/ Y	2018	Y	
	City Dublin	State OH	Zip Code 43016	A				SA11AI. eceipt th		d	
	FEC ID number of contributing federal political committee.	C		[			<b>y</b>			0.00	
	Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Pa	Me ayroll D		Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]							
В.	Full Name of Individual (Last, First, Middle Initia Obrokta, TJ, , , Mailing Address 8810 Ventura Way	al) or Full Or	rganization Name		Date of	Re /	ceipt	/ Y	YY	Ý	
City		State Zip Code				09 07 2018 Transaction ID : SA11AI.28161					
	Dublin           FEC ID number of contributing           federal political committee.	OH 43016			mount	of	Each R	eceipt th		d 0.00	
	Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) President			Me ayroll D		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
С.	Full Name of Individual (Last, First, Middle Initia Obrokta, TJ, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 8810 Ventura Way				м м 09	/	D D D 21	/ Y	y y 2018	Y	
	City Dublin	State OH	Zip Code 43016	A				SA11AI. eceipt th		d	_
Motorists Insurance Group Pr		C					y .		50	0.00	
		Presi	Occupation (for Individual) President				ltem Iction				
	Primary General Other (specify)										
s	UBTOTAL of Receipts This Page (optional)						,	. ,	150	0.00	
т	OTAL This Period (last page this line number or	וy)					,	. <b>T</b>			

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Midd Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			07 13 2018					
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28267 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00						
Full Name of Individual (Last, First, Midd B. Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			Month of Each Receipt this Period					
City _Hilliard	State OH	Zip Code 43026						
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 225.00						
Full Name of Individual (Last, First, Midd C. Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			08 / D D / Y Y Y Y 08 10 2018					
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28107 Amount of Each Receipt this Period					
Motorists Mutual Ins. Company Ass			15.00					
		upation (for Individual) st. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify)								
SUBTOTAL of Receipts This Page (optiona	al)		45.00					
TOTAL This Period (last page this line nun	nber only)							

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 66 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Middle Peacock, Mark, , Mr.,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			08 24 2018					
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28108 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]					
Full Name of Individual (Last, First, Middle B. Peacock, Mark, , Mr.,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			09 / D D / Y Y Y Y 09 07 2018					
City _Hilliard	StateZip CodeOH43026		Transaction ID : SA11AI.28109 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]					
Full Name of Individual (Last, First, Middle C. Peacock, Mark, , Mr.,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4460 Swenson Street			09 / D D / Y Y Y Y 09 21 2018					
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28211 Amount of Each Receipt this Period					
Motorists Mutual Ins. Company Ass			15.00					
		upation (for Individual) st. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 285.00	]						
SUBTOTAL of Receipts This Page (optional)	)		45.00					
TOTAL This Period (last page this line numb	per only)							

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 67 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND	1					
Full Name of Individual (Last, First, Mide A. Puchala, Damian, , ,	dle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y 07 13 2018					
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28269 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1					
Full Name of Individual (Last, First, Mide <b>B.</b> Puchala, Damian, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 325 Olenview Circle			07 / D D / Y Y Y Y 27 2018					
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28012 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) iist. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]					
Full Name of Individual (Last, First, Mide C. Puchala, Damian, , ,	dle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 325 Olenview Circle			M         M         /         D         /         Y					
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28013 Amount of Each Receipt this Period					
Motorists Mutual Ins. Company As			15.00					
		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]					
SUBTOTAL of Receipts This Page (option	al)		45.00					
TOTAL This Period (last page this line nu	mber only)							

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 68 OF

			Use separate schedule(s)		(check only one)					
111			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the p	ourp	ose of	soliciting	contribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND							
A.	Full Name of Individual (Last, First, Middle Initia Puchala, Damian, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt			
	Mailing Address 325 Olenview Circle				м м 08	/	D D D 24	/ Y	2018	Y
	City Powell	State OH	Zip Code 43065					SA11AI.	28014 is Period	_
	FEC ID number of contributing federal political committee.	С					y	1 - gr.	15.0	00
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	F	Me Payroll D		Item ction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00							
в.	Full Name of Individual (Last, First, Middle Initia Puchala, Damian, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt			
	Mailing Address 325 Olenview Circle			09 / D D / Y Y Y Y Y 2018						Y
	City Powell	State OH	Zip Code 43065	-				SA11AL2	28015 is Period	
	FEC ID number of contributing federal political committee.	С						15.0	00	
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occu Assi	F	Me Payroll De		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00							
с.	Full Name of Individual (Last, First, Middle Initia Puchala, Damian, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt			
	Mailing Address 325 Olenview Circle				09	/	D D D 21	/ Y	2018	Y
	City Powell	State OH	Zip Code 43065					SA11AI.: eceipt thi	28188 is Period	
Motorists Mutual Ins. Company		С			_		y .	, ,	15.0	00
			upation (for Individual) st. V. P.	F	Me Payroll D		Item ction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,		45.0	00
т	OTAL This Period (last page this line number or	חly)	••••••	-			,		4	

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Mi Rudowicz, Randolph A., , ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1026 Loch Ness Aven	he		07 13 / Y Y Y Y 2018					
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28270 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]					
Full Name of Individual (Last, First, Mi B. Rudowicz, Randolph A., , ,		rganization Name	Date of Receipt					
Mailing Address 1026 Loch Ness Avenue		Zin Oode	07 / D D / Y Y Y Y 27 2018					
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28126 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]					
Full Name of Individual (Last, First, Mi c. Rudowicz, Randolph A., , ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1026 Loch Ness Aven			08 / D D / Y Y Y Y 2018					
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28127 Amount of Each Receipt this Period					
Motorists Mutual Ins. Company VP			25.00					
		upation (for Individual) Planning Prod & Svs	Payroll Deduction					
Receipt For: Primary General Other (specify)	]							
SUBTOTAL of Receipts This Page (option	nal)		75.00					
TOTAL This Period (last page this line n	umber only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 70 OF

			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         11					
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	OMPANY CIVIC FUND	)					
Α.	Full Name of Individual (Last, First, Middle Init Rudowicz, Randolph A., , ,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 1026 Loch Ness Avenue			08 24 2018					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28128 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00						
в.	Full Name of Individual (Last, First, Middle Init Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue	ial) or Full O	rganization Name	Date of Receipt					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28129 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]					
с.	Full Name of Individual (Last, First, Middle Init Rudowicz, Randolph A., , ,	ial) or Full O	organization Name	Date of Receipt					
	Mailing Address 1026 Loch Ness Avenue		1	09 / D D / Y Y Y Y 21 2018					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.28216 Amount of Each Receipt this Period					
				25.00					
			upation (for Individual) Planning Prod & Svs	Payroll Deduction					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 475.00						
⊢	<b>OTAL</b> This Period (last page this line number of			75.00					

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 71 OF

		Use separate schedule(s)	(check only one)					
I LIVIIZED RECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12					
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Midd Slattery, Austin, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.			07 13 2018					
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28271 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1					
Full Name of Individual (Last, First, Midd B. Slattery, Austin, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.			07 27 2018					
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.27971 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]					
Full Name of Individual (Last, First, Midd <b>c. Slattery, Austin, , ,</b>	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.			08 / D D / Y Y Y Y 08 10 2018					
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.27972 Amount of Each Receipt this Period					
Motorists Mutual Ins Co. As			15.00					
		upation (for Individual) stant VP	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]					
SUBTOTAL of Receipts This Page (optional	al)		45.00					
TOTAL This Period (last page this line nur	nber only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 72 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	MPANY CIVIC FUN	D					
Full Name of Individual (Last, First, Middle <b>A.</b> Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.			08 24 2018					
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.27973 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00						
Full Name of Individual (Last, First, Middle B. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.	State	Zip Code	09 / 07 / 2018 Transaction ID : SA11AL27974					
Sunbury	ОН	43074	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00						
Full Name of Individual (Last, First, Middle C. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 734 Prairie Run Dr.	1		09 / D / Y Y Y Y 2018					
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28179           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Motorists Mutual Ins Co. As		upation (for Individual) stant VP	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00						
SUBTOTAL of Receipts This Page (optional	)		45.00					
TOTAL This Period (last page this line num	per only)							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

### Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

11	EMIZED RECEIPTS			each category of the ailed Summary Page	×	11a 13		11b 14	11c	12 16	17	
	ny information copied from such Reports and St for commercial purposes, other than using the					for the			of soliciting	g contribu	tions	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMP	ANY CIVIC FUND								
Α.	Full Name of Individual (Last, First, Middle Initi Smithers, Ralph W., , , Jr.	al) or Full C	Organiza	ation Name		Date of Receipt						
	Mailing Address 6418 Summers Nook Drive					07 13 2018						
	City New Albany	State OH		p Code 43054		Transaction ID : SA11AI.28272 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								15	00	
	Name of Employer (for Individual) Motorists Mutual Ins. Company		cupation MAX S	(for Individual) ervice		N	lemo	o Item				
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	e Year-to	210.00								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smithers, Ralph W., , , Jr.						of Re	eceipt				
	Mailing Address 6418 Summers Nook Drive		07 27 2018									
	City New Albany	State OH		p Code 43054		Transaction ID : SA11AI.28122 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		15.00								
	Name of Employer (for Individual) Motorists Mutual Ins. Company		n (for Individual) ervice		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to	D-Date ▼ 225.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Smithers, Ralph W., , , Jr.	al) or Full C	Organiza	ation Name		Date c	of Re	eceipt				
	Mailing Address 6418 Summers Nook Drive					<sup>M</sup> 08	1 /	D 1(		2018	Y	
	City New Albany	State OH		p Code 13054					: SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	y	15	00	
	Name of Employer (for Individual) Motorists Mutual Ins. Company		ı (for Individual) ervice		N	/lemo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to	240.00								
s	UBTOTAL of Receipts This Page (optional)			•				,	,	45.	00	
Т	OTAL This Period (last page this line number o	only)			.				1. AP			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

### Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	<b>1</b> 1a		11b	11c	12			
_					13		14	15	16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	OMPANY CIVIC FUND										
<u>∠</u>	Full Name of Individual (Last, First, Middle Initia Smithers, Ralph W., , , Jr.	al) or Full O	organization Name		Date of Receipt							
	Mailing Address 6418 Summers Nook Drive											
	City New Albany	State OH	Zip Code 43054									
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service		N	1em	io Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00									
в.	Full Name of Individual (Last, First, Middle Initia Smithers, Ralph W., , , Jr.		Date o	of R	eceipt							
	Mailing Address 6418 Summers Nook Drive				Mom       /       D       D       /       Y							
	City New Albany	State OH	Zip Code 43054	_								
	FEC ID number of contributing federal political committee.	С			15.00							
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service		N	1em	io Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Smithers, Ralph W., , , Jr.	al) or Full O	organization Name		Date o	of R	eceipt					
	Mailing Address 6418 Summers Nook Drive	1			09 21 2018							
	City New Albany	State OH	Zip Code 43054					: SA11AI Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	15.	00		
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service		Ν	/lem	io Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00									
s	UBTOTAL of Receipts This Page (optional)		•				y	. ,	45.	00		
Т	OTAL This Period (last page this line number or	nly)		-								

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 75 OF

ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)					
ILIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Mido A. Stapleton, Charles D., , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6900 Kindler Drive			07 13 2018					
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28273 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]					
Full Name of Individual (Last, First, Mide B. Stapleton, Charles D., , ,	Date of Receipt							
Mailing Address 6900 Kindler Drive		07 / D D / Y Y Y Y Y 27 2018						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27995 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]					
Full Name of Individual (Last, First, Mido C. Stapleton, Charles D., , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6900 Kindler Drive			08 10 2018					
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27996 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]					
SUBTOTAL of Receipts This Page (option	al)		75.00					
TOTAL This Period (last page this line nu	mber only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 76 OF

ITEMIZED RECEIPTS	,	Use separate schedule(s)	(check only one)						
I LIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (IN FU MOTORISTS MUTU	,	MPANY CIVIC FUND							
Full Name of Individual (Last, A. Stapleton, Charles D., , ,	First, Middle Initial) or Full Or	rganization Name	Date of Receipt						
Mailing Address 6900 Kindler I	Drive		M = M         /         D = D         /         Y = Y = Y         Y           08         24         2018						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individu Motorists Mutual Ins. Co.	,	pation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Deduction						
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 425.00	]						
Full Name of Individual (Last, Stapleton, Charles D., ,	3	Date of Receipt							
Mailing Address 6900 Kindler E	Drive	09 / 07 / 2018							
New Albany	OH	Zip Code 43054	Transaction ID : SA11AI.27998 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individe Motorists Mutual Ins. Co.	,	upation (for Individual) /P CL & Affiliate Operations	Arrow Memo Item Payroll Deduction						
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 450.00	]						
Full Name of Individual (Last, C. Stapleton, Charles D.,		rganization Name	Date of Receipt						
Mailing Address 6900 Kindler I			09 / 21 / Y Y Y Y 2018						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28184           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individu Motorists Mutual Ins. Co.	· ·	pation (for Individual) P CL & Affiliate Operations	Memo Item Payroll Deduction						
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 475.00	1						
SUBTOTAL of Receipts This Pa	ge (optional)		75.00						
TOTAL This Period (last page th	is line number only)								

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 77 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ILIVIILED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 117						
			13     14     15     16     17       verson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE							
Full Name of Individual (Last, First, Mide A. Wharton, Lisa, , Ms,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 616 Birghton St			07 13 2018						
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28276 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:		upation (for Individual) P, IT EPMO	Payroll Deduction						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]						
Full Name of Individual (Last, First, Mide B. Wharton, Lisa, , Ms,	Date of Receipt								
Mailing Address 616 Birghton St			07 / D D / Y Y Y Y Y 27 2018						
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28094 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]						
Full Name of Individual (Last, First, Mido C. Wharton, Lisa, , Ms,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 616 Birghton St			08 10 Y Y Y Y 08 10						
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28095 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]						
SUBTOTAL of Receipts This Page (option	al)		45.00						
TOTAL This Period (last page this line nu	mber only)								

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 78 OF

IT.			Use separate schedule(s)	(che	eck only	on v	e)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the p		ose of	soliciting	contribu	itions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUND	)							
A.	Full Name of Individual (Last, First, Middle Initia Wharton, Lisa, , Ms,	al) or Full Or	rganization Name		Date of Receipt						
	Mailing Address 616 Birghton St				08 24 2018						
	City Pickerington	State OH	Zip Code 43147		Transaction ID : SA11AI.28096 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C					<u>, , , , , , , , , , , , , , , , , , , </u>	-	15	.00	
Name of Employer (for Individual) Motorists Mutual Insurance Co			upation (for Individual) P, IT EPMO	P	Me ayroll D		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wharton, Lisa, , Ms,						ceipt				
	Mailing Address 616 Birghton St						D D 07	/ Y	ү ү 2018	Ŷ	
	City Pickerington	State Zip Code OH 43147					-	SA11AL	2 <b>8097</b> is Perioc	1	
	FEC ID number of contributing federal political committee.	C				15.00					
	Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, IT EPMO			Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]							
с.	Full Name of Individual (Last, First, Middle Initia Wharton, Lisa, , Ms,	al) or Full Or	rganization Name		Date of	Ree	ceipt				
	Mailing Address 616 Birghton St	1			09 21 / Y Y Y Y 09 21 2018						
	City Pickerington	State OH	Zip Code 43147				-	SA11AI. eceipt th	28208 is Perioc		
	FEC ID number of contributing federal political committee.	С					y .		15	.00	
	Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 7, IT EPMO	P	Payroll Deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	]							
s	UBTOTAL of Receipts This Page (optional)						, .	9	45.	00	
т	OTAL This Period (last page this line number or	nly)	•••••	•			,				

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 79 OF

	Use separate schedule(s)		(check only one)				
I EIVILLED REVEILIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle   Wilcox, Matt, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 250 Daniel Burnham Sq Uni	it 308		07 13 2018				
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28278 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Motorists Insurance Group	Occ	upation (for Individual)	Memo Item Payroll Deduction				
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼		300.00	1				
Full Name of Individual (Last, First, Middle I	Initial) or Full C	Organization Name					
B. Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Uni	it 308		Date of Receipt				
City	State	Zip Code	Transaction ID : SA11AI.28110				
Columbus	OH	43215	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Motorists Insurance Group	Occ EV	upation (for Individual) P	Payroll Deduction				
Receipt For:	Aggregate	Year-to-Date 🔻					
Primary General Other (specify) ▼		350.00	]				
Full Name of Individual (Last, First, Middle   Wilcox, Matt, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 250 Daniel Burnham Sq Un	it 308		08 10 2018				
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28111 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Motorists Insurance Group	Occ EVF	upation (for Individual)	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1				
SUBTOTAL of Receipts This Page (optional)			150.00				
TOTAL This Period (last page this line number	er only)						

#### SCHEDULE A (FEC Form 3X) . . . . .

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 80 OF

	Use separate schedule(s)	(check or	(check only one)												
TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 11a		11b 14	11c 15	12	17						
	y information copied from such Reports and S for commercial purposes, other than using the			person for the		pose of	soliciting	g contribu	utions						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUNI	)											
A.	Full Name of Individual (Last, First, Middle Ini Wilcox, Matt, , ,								Date of Receipt						
	Mailing Address 250 Daniel Burnham Sq Unit 3	308		M 08	M         /         D         /         Y										
	City Columbus	State OH	Zip Code 43215			i <b>on ID : S</b> Each Re		28112 iis Perioc	1						
	FEC ID number of contributing federal political committee.	С							.00						
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	EVF		Payroll		ttem ttion									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]											
В.	Full Name of Individual (Last, First, Middle Ini Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit 3	-	rganization Name	Date	M /	ceipt	/ Y	ÝÝ	Ŷ						
	City	State	Zip Code 43215		Transaction ID : SA11AI.28113										
	Columbus FEC ID number of contributing federal political committee.	ОН	Amou	Amount of Each Receipt this Period											
	Name of Employer (for Individual) Motorists Insurance Group	Occ	upation (for Individual) >		Memo Item Payroll Deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]											
с.	Full Name of Individual (Last, First, Middle Ini Wilcox, Matt, , ,	tial) or Full O	rganization Name	Date	of Re	ceipt									
	Mailing Address 250 Daniel Burnham Sq Unit			09		D D D 21	/ Y	2018	Y						
	City Columbus	State OH	Zip Code 43215			ion ID : : Each Re		28212 iis Perioc	1						
	FEC ID number of contributing federal political committee.	С				y .	. y	50	.00						
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	Occu EVP	Payroll		ttem ttion										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]											
s	UBTOTAL of Receipts This Page (optional)					9		150.	.00						
т	OTAL This Period (last page this line number	only)						5435	.00						

S	CHEDULE B (FEC Form 3X)			F	DR I	INF I	NUMBER: PAGE 81 OF 83				
IT	EMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) (check of the separate schedule(s) (check of the separate schedule(s)) (check of the separate sched		only	/ one)						
			Summary Page			21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the nar				any	perso	on for the purpose of soliciting contributions				
$\backslash$	NAME OF COMMITTEE (In Full)		_	_							
	MOTORISTS MUTUAL INSURAN			C Fl	JNI	<b>D</b>					
Α.	Full Name (Last, First, Middle Initial) Baldwin For Ohio						Date of Disbursement				
	Mailing Address 423 Whitaker Ave						07 / C V V V V V V V V V V V V V V V V V V				
	City Powell	State Zip Code OH 43065					FEC Identification Number				
	Purpose of Disbursement Campaign Contribution			0	11	٦	C Transaction ID : SB29.28279				
	Candidate Name				egory /pe	//	Amount of Each Disbursement this Period				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General				500.00				
	State: District:	Other (Spee	Sily) V				Memo Item				
B.	Full Name (Last, First, Middle Initial) Degenaro For Justice						Date of Disbursement				
	Mailing Address PO Box 5335		07 06 2018								
	Poland	State OH	Zip Code 44514				FEC Identification Number				
	Purpose of Disbursement Campaign Contribution			011			C Transaction ID : SB29.28281				
	Candidate Name				egory /pe	//	Amount of Each Disbursement this Period				
	Senate	ment For: 2 Primary	2018 X General				500.00				
	State: District:	Other (spec	cify)				Memo Item				
C.	Full Name (Last, First, Middle Initial) Friends of Marilyn Brown						Date of Disbursement				
	Mailing Address 1480 Dublin Rd.						09 / 12 / Y Y Y Y 2018				
	Columbus	State OH	Zip Code 43215				FEC Identification Number				
	Purpose of Disbursement Political Contribution			0	11		C Transaction ID : SB29.28289				
	Candidate Name	//	Amount of Each Disbursement this Period								
	Senate	Senate Primary General				1000.00					
	State: District:	Other (spec	city) 🔻				Memo Item				
s	UBTOTAL of Disbursements This Page (optional)						2000.00				
Т	OTAL This Period (last page this line number only	)				•	, ,				

S	CHEDULE B (FEC Form 3X)			FOR	LINE I	NUMBER: PAGE 82 OF 83			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		k only 21b				
		Detailed	Summary Page		210 28a	28b 28c <b>x</b> 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the nar					on for the purpose of soliciting contributions			
$\backslash$	NAME OF COMMITTEE (In Full)	05 00-		o =					
	MOTORISTS MUTUAL INSURAN	CE CON	IPANY CIVI		۱D				
Α.	Full Name (Last, First, Middle Initial) John Boccieri for Ohio Committee					Date of Disbursement			
	Mailing Address 2951 Autumnwood Trail					M m         /         D m         /         Y m         Y m         Y			
	City Poland	State OH	Zip Code 44514			FEC Identification Number			
	Purpose of Disbursement Political Contribution					С			
	Candidate Name			011		Transaction ID : SB29.28285			
				Catego Type		Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General			1000.00			
	State: District:	Other (spe	city) 🔻			Memo Item			
	Full Name (Last, First, Middle Initial)								
Β.	Latourette for Ohio		Date of Disbursement						
	Mailing Address PO Box 76	08 / D D / Y Y Y Y 2018							
	City Chagrin Falls	State OH	Zip Code 44022			FEC Identification Number			
	Purpose of Disbursement Political Contribution		С						
	Candidate Name	011 Category/ Type			ry/	Transaction ID : SB29.28287 Amount of Each Disbursement this Period			
	<b>o</b>	ment For:				500.00			
	Senate       President	Primary Other (spe	Cify) General						
	State: District:		.,			Memo Item			
C.	Full Name (Last, First, Middle Initial) PCI PAC					Date of Disbursement			
	Mailing Address 8700 West Bryn Mawr Ave 1200S					09 / 26 / Y Y Y Y 2018			
	City Chicago	State IL	Zip Code 60631			FEC Identification Number			
	Purpose of Disbursement Political Contribution			011		С			
	Candidate Name	ory/	Transaction ID : SB29.28291 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	$\neg \uparrow$	2500.00						
	Senate President	Primary Other (spe	General cify) ▼			Memo Item			
	State: District:					Memo item			
s	UBTOTAL of Disbursements This Page (optional).					4000.00			
т	OTAL This Period (last page this line number only	)				, ,			

SCHEDULE B (FEC Form 3X)	11		FOR LINE I	
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politica	d by any perso Il committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUTUAL INSURAN			FUND	
Full Name (Last, First, Middle Initial) A. Peterson for Good Government				Date of Disbursement
Mailing Address 5564 Grassy Branch Rd.				08 06 2018
City Sabina	State OH	Zip Code 45169		FEC Identification Number
Purpose of Disbursement Campaign Contribution	011			С
Candidate Name Category/ Type			Category/ Type	Transaction ID : SB29.28283 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President				500.00
State: District:		- , , ,		Memo Item
Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address				
	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ment For: Primary	General		
State: District:	Other (spe	cify)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General			1 1 4 1 1 4 1 1 4 1	
State: District:				
SUBTOTAL of Disbursements This Page (optional)				500.00
TOTAL This Period (last page this line number only	)		····· •	6500.00