

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST
 Check if different than previously reported. (ACC)
COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** C00336834
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman

Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 12 31 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	6664.08									
(c) Total Receipts (from Line 19)	4611.30	43467.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11275.38	57410.38								
7. Total Disbursements (from Line 31)	1010.00	47145.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10265.38	10265.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4467.80	28929.80
(ii) Unitemized	143.50	14537.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4611.30	43467.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4611.30	43467.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4611.30	43467.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4611.30	43467.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10.00	95.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10.00	95.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	40050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1010.00	47145.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1010.00	47145.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4611.30	43467.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4611.30	43467.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.00	95.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	95.00

**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 6 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 5658 Tynecastle Loop	Transaction ID: SA11AI.14417
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$30
	Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 5658 Tynecastle Loop	Transaction ID: SA11AI.14418
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$30
	Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Michael J. Agan	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 5658 Tynecastle Loop	Transaction ID: SA11AI.14566
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$30
	Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14419
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="25.00"/>
			Payroll deduction bi-weekly \$25

B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14422
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	<input type="text" value="25.00"/>
			Payroll deduction bi-weekly \$25

C.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14567
Name of Employer Motorist Mutual Ins. Co.		Occupation Assistant VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="25.00"/>
			Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14423
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1920.00	Payroll deduction bi-weekly \$80

B.	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14424
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 2000.00	Payroll deduction bi-weekly \$80

C.	Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt
	Mailing Address 1390 Picardae Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14568
Name of Employer Motorists Mutual Insurance Co.		Occupation Chairman, President and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 2080.00	Payroll deduction bi-weekly \$80

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y
11 / 24 / 2010

Transaction ID: SA11AI.14425

Amount of Each Receipt this Period 20.00

Payroll deduction bi-weekly \$20

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.14427

Amount of Each Receipt this Period 20.00

Payroll deduction bi-weekly \$20

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Info Tech.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt M M / D D / Y Y Y Y
12 / 23 / 2010

Transaction ID: SA11AI.14569

Amount of Each Receipt this Period 20.00

Payroll deduction bi-weekly \$20

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14428
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14429
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14570
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2010

Transaction ID: SA11AI.14430

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 10 / 2010

Transaction ID: SA11AI.14431

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2010

Transaction ID: SA11AI.14572

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tom Brock	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 665 Woodduck Ct.	Transaction ID: SA11AI.14432
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins Co Occupation Asst. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Tom Brock	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 665 Woodduck Ct.	Transaction ID: SA11AI.14433
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins Co Occupation Asst. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Tom Brock	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 665 Woodduck Ct.	Transaction ID: SA11AI.14573
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins Co Occupation Asst. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14434
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14435
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14574
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.14436
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.14437
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.14575
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14438
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14439
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14576
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA11AI.14440

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

B.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: SA11AI.14441

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

C.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: SA11AI.14577

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.14442
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer: Iowa Mutual Insurance Company Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.14443
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer: Iowa Mutual Insurance Company Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.14578
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer: Iowa Mutual Insurance Company Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14444
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 360.00	Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14445
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14579
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
Motorists Life Ins. Co. Assistant Vice President Life Adm.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14446

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)

Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
Motorists Life Ins. Co. Assistant Vice President Life Adm.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14447

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)

Mrs. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
Motorists Life Ins. Co. Assistant Vice President Life Adm.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.14580

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.14448
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 360.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.14449
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 375.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.14581
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 390.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14450
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

B.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14451
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14582
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1382.40

Date of Receipt 11 / 24 / 2010

Transaction ID: SA11AI.14454

Amount of Each Receipt this Period 57.60

Payroll deduction biweekly \$57.60

B. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 12 / 10 / 2010

Transaction ID: SA11AI.14455

Amount of Each Receipt this Period 57.60

Payroll deduction biweekly \$57.60

C. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1497.60

Date of Receipt 12 / 23 / 2010

Transaction ID: SA11AI.14584

Amount of Each Receipt this Period 57.60

Payroll deduction biweekly \$57.60

SUBTOTAL of Receipts This Page (optional) ► 172.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 3123 Summit Street	Transaction ID: SA11AI.14456
	City State Zip Code Columbus OH 43202	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3123 Summit Street	Transaction ID: SA11AI.14457
	City State Zip Code Columbus OH 43202	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 3123 Summit Street	Transaction ID: SA11AI.14585
	City State Zip Code Columbus OH 43202	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 11 / 24 / 2010
Transaction ID: SA11AI.14458
 Amount of Each Receipt this Period 10.00
 Payroll deduction bi-weekly \$10

B. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.14459
 Amount of Each Receipt this Period 10.00
 Payroll deduction bi-weekly \$10

C. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
 Date of Receipt 12 / 23 / 2010
Transaction ID: SA11AI.14586
 Amount of Each Receipt this Period 10.00
 Payroll deduction bi-weekly \$10

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.14460
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.14461
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.14587
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14462
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14463
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14588
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Transaction ID: SA11AI.14464
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Transaction ID: SA11AI.14465
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Transaction ID: SA11AI.14589
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA11AI.14466

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly
\$25

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: SA11AI.14467

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly
\$25

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: SA11AI.14590

Amount of Each Receipt this Period
25.00

Payroll deduction biweekly
\$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14468
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14469
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14591
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 813 East College Avenue	Transaction ID: SA11AI.14471
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 813 East College Avenue	Transaction ID: SA11AI.14472
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 813 East College Avenue	Transaction ID: SA11AI.14592
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 74
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA11AI.14473

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

B.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: SA11AI.14474

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

C.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: SA11AI.14593

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2010

Transaction ID: SA11AI.14475

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

B.

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 10 / 2010

Transaction ID: SA11AI.14476

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

C.

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2010

Transaction ID: SA11AI.14594

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Life Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 24 / 2010
Transaction ID: SA11AI.14477
Amount of Each Receipt this Period 25.00
Payroll deduction biweekly \$25

B.

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Life Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.14478
Amount of Each Receipt this Period 25.00
Payroll deduction biweekly \$25

C.

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Life Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 23 / 2010
Transaction ID: SA11AI.14595
Amount of Each Receipt this Period 25.00
Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.14479
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.14480
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.14596
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Canal Winchester	OH	43110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14481
Name of Employer Motorists Mutual Ins Comp- any		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="360.00"/>	Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Canal Winchester	OH	43110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14482
Name of Employer Motorists Mutual Ins Comp- any		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="375.00"/>	Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Canal Winchester	OH	43110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14598
Name of Employer Motorists Mutual Ins Comp- any		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="390.00"/>	Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA11AI.14483

Amount of Each Receipt this Period 25.00

Payroll deduction biweekly \$25

B.

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: SA11AI.14484

Amount of Each Receipt this Period 25.00

Payroll deduction biweekly \$25

C.

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: SA11AI.14599

Amount of Each Receipt this Period 25.00

Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 7925 Greenside Lane	Transaction ID: SA11AI.14485
	City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$30
	Name of Employer Motorists Mutual Ins Co Occupation Executive VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 7925 Greenside Lane	Transaction ID: SA11AI.14486
	City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$30
	Name of Employer Motorists Mutual Ins Co Occupation Executive VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 7925 Greenside Lane	Transaction ID: SA11AI.14600
	City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$30
	Name of Employer Motorists Mutual Ins Co Occupation Executive VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt	
	Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14487
	Johnstown	OH	43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Motorists Mutual Ins. Co.		Occupation VP and CIO		Payroll deduction biweekly \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		480.00		

B.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt	
	Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14488
	Johnstown	OH	43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Motorists Mutual Ins. Co.		Occupation VP and CIO		Payroll deduction biweekly \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt	
	Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14601
	Johnstown	OH	43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Motorists Mutual Ins. Co.		Occupation VP and CIO		Payroll deduction biweekly \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		520.00		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 39 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anne B. King
 Mailing Address 6934 Roundwood Ct.
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
 Date of Receipt: 11 / 24 / 2010
Transaction ID: SA11AI.14489
 Amount of Each Receipt this Period: 25.00
 Payroll deduction biweekly \$25

B. Full Name (Last, First, Middle Initial)
Anne B. King
 Mailing Address 6934 Roundwood Ct.
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00
 Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.14490
 Amount of Each Receipt this Period: 25.00
 Payroll deduction biweekly \$25

C. Full Name (Last, First, Middle Initial)
Anne B. King
 Mailing Address 6934 Roundwood Ct.
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
 Date of Receipt: 12 / 23 / 2010
Transaction ID: SA11AI.14602
 Amount of Each Receipt this Period: 25.00
 Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.14491
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.14492
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.14603
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2010

Transaction ID: SA11AI.14493

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

B.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 10 / 2010

Transaction ID: SA11AI.14494

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

C.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 23 / 2010

Transaction ID: SA11AI.14604

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City State Zip Code
Manitowoc WI 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 1 0
Transaction ID: SA11AI.14499
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

B. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City State Zip Code
Manitowoc WI 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.14500
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

C. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City State Zip Code
Manitowoc WI 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.14606
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.14501
	City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.14502
	City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 585.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.14607
	City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 610.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14503
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14504
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14608
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14505
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14506
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14609
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 11 / 24 / 2010

Transaction ID: SA11AI.14507

Amount of Each Receipt this Period: 15.00

Payroll deduction biweekly \$15

B.

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 10 / 2010

Transaction ID: SA11AI.14508

Amount of Each Receipt this Period: 15.00

Payroll deduction biweekly \$15

C.

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer: Wilson Mutual Ins. Co. Occupation: V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 23 / 2010

Transaction ID: SA11AI.14610

Amount of Each Receipt this Period: 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz		Date of Receipt
	Mailing Address 7705 Ridgeview Way		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chanhassen	State MN	Zip Code 55317
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14509
Name of Employer American Hardware Mutual Ins.		Occupation Sr. VP & Chief Operating Officer	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Payroll deduction biweekly \$25

B.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz		Date of Receipt
	Mailing Address 7705 Ridgeview Way		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Chanhassen	State MN	Zip Code 55317
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14510
Name of Employer American Hardware Mutual Ins.		Occupation Sr. VP & Chief Operating Officer	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	Payroll deduction biweekly \$25

C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge Court		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Manitowoc	State WI	Zip Code 54220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14511
Name of Employer Motorists Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period <input type="text" value="45.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1080.00"/>	Payroll deduction biweekly \$45

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 2135 Hunters Ridge Court	Transaction ID: SA11AI.14512
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$45
	Name of Employer Motorists Mutual Ins. Co. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 2135 Hunters Ridge Court	Transaction ID: SA11AI.14611
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$45
	Name of Employer Motorists Mutual Ins. Co. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

C.	Full Name (Last, First, Middle Initial) Mark J. Nixon	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 662 East Fifth Avenue	Transaction ID: SA11AI.14513
	City State Zip Code Lancaster OH 43130	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Insurance Company Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: SA11AI.14514

Amount of Each Receipt this Period
15.00

Payroll deduction biweekly
\$15

B.

Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: SA11AI.14612

Amount of Each Receipt this Period
15.00

Payroll deduction biweekly
\$15

C.

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
Port Charlotte FL 33953

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

Name of Employer
retired from MIG

Occupation
MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA11AI.14515

Amount of Each Receipt this Period
50.00

Payroll deduction biweekly
\$50

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.14516
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.14613
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.14517
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14518
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14614
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Plymouth	MN	55446
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hardware Mutual Ins.		Occupation V. P. Underwriting	Transaction ID: SA11AI.14521
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.14522
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.14616
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Damian Puchala	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 325 Olenview Circle	Transaction ID: SA11AI.14523
	City Powell State OH Zip Code 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Damian Puchala	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 325 Olenview Circle	Transaction ID: SA11AI.14524
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Damian Puchala	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 325 Olenview Circle	Transaction ID: SA11AI.14617
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Georgia Puls	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.14525
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14526
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14618
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Kelly Reisling		Date of Receipt
	Mailing Address 3178 Ranke Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grove City	OH	43123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14527
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 360.00	Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kelly Reisling		Date of Receipt
	Mailing Address 3178 Ranke Court		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Grove City	OH	43123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14528
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Kelly Reisling		Date of Receipt
	Mailing Address 3178 Ranke Court		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Grove City	OH	43123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14619
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14529
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14530
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14620
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenue		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Worthington	OH	43085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14531
Name of Employer Motorists Mutual Ins. Company		Occupation VP Planning Prod & Svs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="25.00"/>
			Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Com- VP Planning Prod & Svs
pany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14532

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly
\$25

B.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Com- VP Planning Prod & Svs
pany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.14621

Amount of Each Receipt this Period

25.00

Payroll deduction biweekly
\$25

C.

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14533

Amount of Each Receipt this Period

15.00

Payroll deduction biweekly
\$15

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1116 Sommer Drive	Transaction ID: SA11AI.14534
	City State Zip Code Sheboygan WI 53081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 1116 Sommer Drive	Transaction ID: SA11AI.14622
	City State Zip Code Sheboygan WI 53081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.14535
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
	Name of Employer Occupation Motorists Mutual Insurance Company Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14536

Amount of Each Receipt this Period 25.00

Payroll deduction biweekly \$25

B.

Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.14623

Amount of Each Receipt this Period 25.00

Payroll deduction biweekly \$25

C.

Full Name (Last, First, Middle Initial)
Austin Slattery

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

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

Name of Employer Motorists Mutual Ins Co.
Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14537

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Austin Slattery	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 734 Prairie Run Dr.	Transaction ID: SA11AI.14538
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Austin Slattery	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 734 Prairie Run Dr.	Transaction ID: SA11AI.14624
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 29270 Hampshire Place	Transaction ID: SA11AI.14539
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$55
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 61 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14540

Amount of Each Receipt this Period 55.00

Payroll deduction biweekly \$55

B. Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.14625

Amount of Each Receipt this Period 55.00

Payroll deduction biweekly \$55

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

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14541

Amount of Each Receipt this Period 15.00

Payroll deduction biweekly \$15

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 6418 Summers Nook Drive	Transaction ID: SA11AI.14542
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 6418 Summers Nook Drive	Transaction ID: SA11AI.14626
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 6900 Kindler Drive	Transaction ID: SA11AI.14543
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14544
Name of Employer Motorists Mutual Ins. Co.		Occupation Sr. VP CL & Affiliate Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	<input type="text" value="25.00"/>
			Payroll deduction biweekly \$25

B.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14627
Name of Employer Motorists Mutual Ins. Co.		Occupation Sr. VP CL & Affiliate Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="25.00"/>
			Payroll deduction biweekly \$25

C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Glenford	OH	43739
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14545
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="25.00"/>
			Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 8816 Cooks Hill Road	Transaction ID: SA11AI.14546
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 8816 Cooks Hill Road	Transaction ID: SA11AI.14628
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 7703 Timber Ridge Drive	Transaction ID: SA11AI.14547
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt
	Mailing Address 7703 Timber Ridge Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 10 / 2010
	City State Zip Code Powell OH 43065	Transaction ID: SA11AI.14548
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer: Motorists Life Insurance Compa Occupation: Assist. V. P., Life Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 375.00	Payroll deduction biweekly \$15

B.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt
	Mailing Address 7703 Timber Ridge Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 23 / 2010
	City State Zip Code Powell OH 43065	Transaction ID: SA11AI.14629
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer: Motorists Life Insurance Compa Occupation: Assist. V. P., Life Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 390.00	Payroll deduction biweekly \$15

C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	Date of Receipt
	Mailing Address 2060 Maxwell Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 24 / 2010
	City State Zip Code Lewis Center OH 43035	Transaction ID: SA11AI.14549
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.00
	Name of Employer: Motorists Mutual Ins. Com-pany Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 600.00	Payroll deduction biweekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 55.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Mailing Address 2060 Maxwell Avenue	Transaction ID: SA11AI.14550
	City Lewis Center State OH Zip Code 43035	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	Mailing Address 2060 Maxwell Avenue	Transaction ID: SA11AI.14630
	City Lewis Center State OH Zip Code 43035	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14551
	City Grove City State OH Zip Code 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14552
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14631
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Mailing Address 7105 Lakebrook Blvd.	Transaction ID: SA11AI.14553
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$20
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.14554
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

B.

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 23 / 2010
Transaction ID: SA11AI.14632
Amount of Each Receipt this Period 20.00
Payroll deduction biweekly \$20

C.

Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 24 / 2010
Transaction ID: SA11AI.14555
Amount of Each Receipt this Period 40.00
Payroll deduction biweekly \$40

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14556

Amount of Each Receipt this Period
40.00

Payroll deduction biweekly
\$40

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.14633

Amount of Each Receipt this Period
40.00

Payroll deduction biweekly
\$40

C. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City State Zip Code
Bettendorf IA 52722

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14557

Amount of Each Receipt this Period
15.00

Payroll deduction biweekly
\$15

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel
Mailing Address 4918 Norfolk Drive
City Bettendorf State IA Zip Code 52722
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.14558
Amount of Each Receipt this Period 15.00
Payroll deduction biweekly \$15

B. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel
Mailing Address 4918 Norfolk Drive
City Bettendorf State IA Zip Code 52722
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 23 / 2010
Transaction ID: SA11AI.14634
Amount of Each Receipt this Period 15.00
Payroll deduction biweekly \$15

C. Full Name (Last, First, Middle Initial)
Charles A. Wickert
Mailing Address 5519 Medallion Drive W.
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 11 / 24 / 2010
Transaction ID: SA11AI.14559
Amount of Each Receipt this Period 30.00
Payroll deduction biweekly \$30

SUBTOTAL of Receipts This Page (optional) ▶ 60.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Charles A. Wickert</p> <p>Mailing Address 5519 Medallion Drive W.</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.14560</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll deduction biweekly \$30</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	0	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Charles A. Wickert</p> <p>Mailing Address 5519 Medallion Drive W.</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 780.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.14635</p> <p>Amount of Each Receipt this Period 30.00</p> <p>Payroll deduction biweekly \$30</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	3	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	3	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Charles A. Williams</p> <p>Mailing Address 14924 S. R. 35, E.</p> <p>City State Zip Code Sunbury OH 43074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.14561</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction biweekly \$15</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	4	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	4	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles A. Williams	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 14924 S. R. 35, E.	Transaction ID: SA11AI.14562
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Charles A. Williams	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 14924 S. R. 35, E.	Transaction ID: SA11AI.14636
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 90 Timberknoll Loop	Transaction ID: SA11AI.14563
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll deduction biweekly \$35
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer	Transaction ID: SA11AI.14564
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="text" value="875.00"/>	Payroll deduction biweekly \$35

B.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer	Transaction ID: SA11AI.14637
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="text" value="910.00"/>	Payroll deduction biweekly \$35

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4467.80"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
DeWine for Ohio

Transaction ID: SB29.14416
Date of Disbursement

Mailing Address 2587 Conley Rd.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	0

City Cedarville State OH Zip Code 45314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
Mike DeWine for Ohio

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
