Image# 202107149451072500				PAGE 1 / 47
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office L	lse Only
1. NAME OF TYF COMMITTEE (in full)		ample: If typing, type er the lines.	12FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different				
than previously reported. (ACC)	COLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUMB	SER ▼ CITY▲	5	STATE 🔺	ZIP CODE
C C00336834	3. IS THIS REPOR	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) 	(b) Monthly Report Due On: Apr 20 (M4	3) Jun 20 (M6)) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	State of Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 01	/ D D / Y Y Y Y 01 2021	through 06	/ D D / Y Y 30 20	21
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my kn Moore, Marchelle, , ,	owledge and belief it is tru	e, correct and comple	ete.
Signature of Treasurer	archelle, , ,	[Electronically Filed]	Date 07 / 14	
NOTE: Submission of false, erroneous	, or incomplete information may	subject the person signing th	nis Report to the penalt	ies of 52 U.S.C. § 3010
Office Use Only				C FORM 3X Rev. 05/2016

07/14/2021 16 : 58

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From:	1 01 / Y Y Y Y 1 01 To:	M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		33289.30
	(b) Cash on Hand at Beginning of Reporting Period	33289.30	
	(c) Total Receipts (from Line 19)	15242.00	15242.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	48531.30	48531.30
7.	Total Disbursements (from Line 31)	7669.00	7669.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40862.30	40862.30
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

	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)	8280.00	8280.00
	(ii) Unitemized	6962.00	6962.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	15242.00	15242.00
			0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	15242.00	15242.00
	Totals to Line 33, page 5)▶	10242.00	
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	
2	All Loans Received	0.00	0.00
З.	All Loans Received	495 495 495	49. 49. 49.
		0.00	0.00
	Loan Repayments Received	0.00	0.00
5.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
ю.	to Federal Candidates and Other		
	Political Committees	0.00	0.00
7	Other Federal Receipts	0.00	0.00
1.	(Dividends, Interest, etc.)	0.00	0.00
8	Transfers from Non-Federal and Levin Funds	0.00	0.00
0.	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(,	472 472 472	
	(b) Levin Funds (from Schedule H5)	0.00	0.00
		- AD AD AD-	
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	15242.00	15242.00
0.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	15242.00	15242.00

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date				
II. Disbursements	COLUMN A Total This Period					
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Galendar Tear-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	169.00	169.00				
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	169.00	169.00				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees						
(c) Other Political Committees	0.00	0.00				
(such as PACs) (d) Total Contribution Refunds	0.00	0.00				
(add Lines 28(a), (b), and (c))	0.00	0.00				
Other Disbursements (Including						
Non-Federal Donations)	7500.00	7500.00				
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity	(20))					
(from Schedule H6) (i) Federal Share						
	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00				
Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7669.00	7669.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7669.00	7669.00				
		1003.00				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A Total This Period

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

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

		-7			-	15242.00
						0.00
	÷	-7	÷	÷	-7	
L.		-			-	15242.00
						169.00
		7			-7	100.00
	1		1			0.00
	-	7	1		7	0.00
						169.00
1		-7-	-		-7-	

Г							15242.00
_			-7	-		-7	13242.00
							0.00
_			-7			-7-	
							15242.00
_			-7		1	-7	
Г	1	1		1	1		169.00
-	1	1	-7	1		7	
Г							0.00
-			-7			-7-	
							169.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND								
Full Name of Individual (Last, First, Mido A. Agan, Michael, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Agan, Michael, J., ,									
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y Y 03 13 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31028 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1							
B. Agan, Michael, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Agan, Michael, J., ,									
Mailing Address 5658 Tynecastle Loop	State	Zip Code	03 / D D / Y Y Y Y 2021							
City Dublin	OH	43016	Transaction ID : SA11AI.31065 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]							
Full Name of Individual (Last, First, Mido C. Agan, Michael, J., ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5658 Tynecastle Loop			04 D D / Y Y Y Y Y 04 10 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31101 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		40.00							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00]							
SUBTOTAL of Receipts This Page (option	al)		120.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 7 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
angle MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNI	0								
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name									
A. Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop			Date of Receipt								
			04 24 2021								
City	State OH	Zip Code	Transaction ID : SA11AI.31313								
		43016	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item								
Motorists Life Insurance Compa		sident MLIC	Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		360.00									
		7 7	-								
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name									
B. Agan, Michael, J., ,			Date of Receipt								
Mailing Address 5658 Tynecastle Loop			05 08 2021								
City	State	Zip Code	Transaction ID : SA11AI.31314								
Dublin	OH	43016	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Deduction								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		400.00									
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5658 Tynecastle Loop			05 22 2021								
City	State OH	Zip Code	Transaction ID : SA11AI.31315								
		43016	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		40.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Motorists Life Insurance Compa Receipt For:		sident MLIC	Payroll Deduction								
Primary General	Ayyreyate	Year-to-Date ▼	-								
Other (specify)		440.00									
SUBTOTAL of Receipts This Page (optional)			▶ 120.00								
TOTAL This Period (last page this line numb	per only)		•								

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	URANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Midd A. Agan, Michael, J., ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 06 05 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31316 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		40.00							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]							
B. Agan, Michael, J., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Agan, Michael, J., ,									
Mailing Address 5658 Tynecastle Loop	Ctoto	Zin Oada	06 / D D / Y Y Y Y 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31317 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]							
Full Name of Individual (Last, First, Middl C. Ashcraft, David, , ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1323 Ada Lane			04 / D D / Y Y Y Y 24 2021							
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.31310 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Motorists Insurance	Occ VP	upation (for Individual)	Memo Item Payroll deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	1							
SUBTOTAL of Receipts This Page (optiona	al)		105.00							
TOTAL This Period (last page this line nun	nber only)									

SCHEDULE A (FEC Form 3X)

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			for each category of the Detailed Summary Page		11a 13		11b	11c	12	Г	17						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND)													
A.	Full Name of Individual (Last, First, Middle Initia Ashcraft, David, , ,		Date of Receipt														
	Mailing Address 1323 Ada Lane	Mailing Address 1323 Ada Lane							05 08 2021								
	City Naperville	State IL	Zip Code 60540					SA11AI. Receipt th		od	_						
	FEC ID number of contributing federal political committee.	С							2	25.00							
	Name of Employer (for Individual) Motorists Insurance	Occu VP	upation (for Individual)	F	Mayroll d		ttem Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate]														
в.	Full Name of Individual (Last, First, Middle Initia Ashcraft, David, , , Mailing Address 1323 Ada Lane	l) or Full Or	rganization Name	_	Date of	Re	·				_						
	City	State Zip Code			05 Trans	acti	22 on ID :	SA11AL	2021 31318	Y ■ Y							
	Naperville	IL	60540		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			25.00												
	Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) VP			Payroll deduction												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]													
С.	Full Name of Individual (Last, First, Middle Initia Ashcraft, David, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt										
	Mailing Address 1323 Ada Lane				06 ^M	1	05		2021								
	City Naperville	State IL	Zip Code 60540					SA11AI. Receipt th		od							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	9	2	25.00							
	Name of Employer (for Individual) Motorists Insurance	Occu VP	upation (for Individual)	F	M Payroll c		ttem Iction										
Receipt For: Aggr Primary General Other (specify)			Year-to-Date ▼ 300.00]													
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	7	5.00							
т	OTAL This Period (last page this line number on	ıly)		•			.	. <u>.</u>		-							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
			e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL	NSURANCE CO	OMPANY CIVIC FUND			
Full Name of Individual (Last, First, Ashcraft, David, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1323 Ada Lane			M M / D D / Y Y Y Y 06 19 2021		
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.31320 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer (for Individual) Motorists Insurance	Occi VP	upation (for Individual)	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]		
Full Name of Individual (Last, First, B. Benintendi, Jeff , , ,	Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Lo	-		01 / D D / Y Y Y Y Y 01 30 2021		
City Dublin	State	Zip Code 43016	Transaction ID : SA11AI.30901 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) S	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]		
Full Name of Individual (Last, First, Benintendi, Jeff, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle L	·		02 13 / Y Y Y Y Y 02 13 2021		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30938 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer (for Individual) Motorists Insurance	Occi EVP	upation (for Individual)	Payroll deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1		
SUBTOTAL of Receipts This Page (c	ptional)		225.00		
TOTAL This Period (last page this lin	e number only)				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)			
Full Name of Individual (Last, First, Middle A. Benintendi, Jeff, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			02 27 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30989 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) 5	Memo Item Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name of Individual (Last, First, Middle B. Benintendi, Jeff, , ,	Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop	Ctata	Zin Oode	03 / D D / Y Y Y Y 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31025 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVI	upation (for Individual) P	Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]			
Full Name of Individual (Last, First, Middle C. Benintendi, Jeff, , ,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y Y 03 27 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31062 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVP	upation (for Individual)	Payroll deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1			
SUBTOTAL of Receipts This Page (optional).			300.00			
TOTAL This Period (last page this line number	er only)					

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)			
Full Name of Individual (Last, First, Middle A. Benintendi, Jeff, , ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			04 10 / Y Y Y Y 04 10 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31098 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual) Motorists Insurance	Occi	upation (for Individual)	Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]			
Full Name of Individual (Last, First, Middle B. Benintendi, Jeff, , ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			04 / D D / Y Y Y Y 2021			
City _Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31300 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) >	Memo Item Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]			
Full Name of Individual (Last, First, Middle C. Benintendi, Jeff, , ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			05 / D D / Y Y Y Y 05 08 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31301 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occi EVP	upation (for Individual)	Payroll deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]			
SUBTOTAL of Receipts This Page (optional).			300.00			
TOTAL This Period (last page this line numb	er only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions te to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE)			
Full Name of Individual (Last, First, Midd A. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			05 22 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31302 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) o	Memo Item Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]			
Full Name of Individual (Last, First, Midd B. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			06 / Y Y Y Y 06 05 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31303 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) >	Memo Item Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]			
Full Name of Individual (Last, First, Midd C. Benintendi, Jeff, , ,	lle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			06 / 19 / Y Y Y Y Y 2021			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31304 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Motorists Insurance	Occi	upation (for Individual)	Payroll deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00]			
SUBTOTAL of Receipts This Page (option	al)		300.00			
TOTAL This Period (last page this line nur	nber only)					

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

		Use separate schedule(s)	(check only one)		
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	. INSURANCE CC	OMPANY CIVIC FUND)		
Full Name of Individual (Last, Firs Campbell, Grady, , Mr.,	it, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5760 Whispering	Trail		02 27 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.30985 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
Full Name of Individual (Last, Firs Campbell, Grady, , Mr.,	· ,	rganization Name	Date of Receipt		
Mailing Address 5760 Whispering		Zin Code	03 / D D / Y Y Y Y 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31021 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Memo Item Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]		
Full Name of Individual (Last, Firs C. Campbell, Grady, , Mr.,	t, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 5760 Whispering			03 / D D / Y Y Y Y Y 27 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31058 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Payroll deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]		
SUBTOTAL of Receipts This Page	(optional)		150.00		
TOTAL This Period (last page this	ine number only)				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 15 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND				
Full Name of Individual (Last, First, Midd A. Campbell, Grady, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y Y 04 10 2021			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31094 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Sr. V	upation (for Individual) VP Marketing Services & PL Year-to-Date ▼	Payroll deduction			
Primary General Other (specify) ▼	Aggregate	400.00	1			
Full Name of Individual (Last, First, Midd B. Campbell, Grady, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y Y 04 24 2021			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31279 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]			
Full Name of Individual (Last, First, Midd c. Campbell, Grady, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			05 08 2021			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31280 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Sr. \	upation (for Individual) /P Marketing Services & PL	Memo Item Payroll deduction			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]			
SUBTOTAL of Receipts This Page (optional	al)		150.00			
TOTAL This Period (last page this line nur	nber only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

		Use separate schedule(s)	(check only one)		
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)		
Full Name of Individual (Last, First, Middle A. Campbell, Grady, , Mr.,	Initial) or Full O	organization Name	Date of Receipt		
Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y Y 05 22 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31281 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]		
Full Name of Individual (Last, First, Middle B. Campbell, Grady, , Mr.,	Initial) or Full O	organization Name	Date of Receipt		
Mailing Address 5760 Whispering Trail	01-1-	7.0.1	06 / D / Y Y Y Y 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31282 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Payroll deduction		
Receipt For:	Aggregate	Year-to-Date V			
Other (specify) V	L	, 600.00			
Full Name of Individual (Last, First, Middle C. Campbell, Grady, , Mr.,	Initial) or Full O	organization Name	Date of Receipt		
Mailing Address 5760 Whispering Trail			06 / D D / Y Y Y Y 2021		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.31283 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P Marketing Services & PL	Payroll deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00]		
SUBTOTAL of Receipts This Page (optional)			150.00		
TOTAL This Period (last page this line numb	er only)				

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
II EIVIIZED KEGEIPIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE)		
Full Name of Individual (Last, First, Mid Fallen, Hope, , ,	Date of Receipt				
Mailing Address 2642 Blue Lick Rd.			04 / D D / Y Y Y Y 04 24 2021		
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31264 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual) o	Memo Item Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]		
Full Name of Individual (Last, First, Mid Fallen, Hope, , , Mailing Address 2642 Blue Lick Rd.	dle Initial) or Full C	rganization Name	Date of Receipt		
City	State	Zip Code	05 08 2021 Transaction ID : SA11AI.31265		
Winfield	WV	25213	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVI	upation (for Individual) >	Memo Item Payroll deduction		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) V		250.00]		
Full Name of Individual (Last, First, Mid C. Fallen, Hope, , ,	dle Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 2642 Blue Lick Rd.			05 / D D / Y Y Y Y 2021		
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31266 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual)	Payroll deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00]		
SUBTOTAL of Receipts This Page (option	al)		75.00		
TOTAL This Period (last page this line nu	mber only)				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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PAGE 18 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
			e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE	1		
Full Name of Individual (Last, First, Mide Fallen, Hope, , ,	dle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 2642 Blue Lick Rd.			M M / D D / Y Y Y Y 06 05 2021		
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31267 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual) o	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1		
Full Name of Individual (Last, First, Mide B. Fallen, Hope, , ,	dle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 2642 Blue Lick Rd.			06 / D D / Y Y Y Y Y Y 2021		
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31268 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVI	upation (for Individual) P	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]		
Full Name of Individual (Last, First, Mid Flaherty, Thomas , , ,	dle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 109 Capital St. Suite 11	00		02 / D D / Y Y Y Y 02 23 2021		
City Charleston	State WV	Zip Code 25301	Transaction ID : SA11AI.31342 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Encova Board of Directors	Occ Dire	upation (for Individual) ctor	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]		
SUBTOTAL of Receipts This Page (option	al)		300.00		
TOTAL This Period (last page this line nu	mber only)				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)		
II EIVILED REVEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)		
Full Name of Individual (Last, First, Middle Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 3500 Leap Rd.			M M / D D / Y Y Y Y 04 24 2021		
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.31239 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]		
Full Name of Individual (Last, First, Middle B. Gilmore, Amy, , , Mailing Address 3500 Leap Rd.	e Initial) or Full C	rganization Name	Date of Receipt		
City	State	Zip Code	05 08 2021 Transaction ID : SA11AL.31240		
Hilliard FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period		
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
Full Name of Individual (Last, First, Middle C. Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 3500 Leap Rd.			05 / D D / Y Y Y Y 22 2021		
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.31241 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00]		
SUBTOTAL of Receipts This Page (optiona	l)		75.00		
TOTAL This Period (last page this line num	ber only)				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

		Use separate schedule(s)	(check only one)		
II LIVIIZED KEVEIPIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17 berson for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)		
Full Name of Individual (Last, First, Middl Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 3500 Leap Rd.			06 05 2021		
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.31242 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group Receipt For:	VP	upation (for Individual)	Payroll Deduction		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]		
Full Name of Individual (Last, First, Middl B. Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 3500 Leap Rd.	State	Zip Code	06 / D D / Y Y Y Y 2021		
Hilliard	OH	43026	Transaction ID : SA11AI.31243 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]		
Full Name of Individual (Last, First, Middl C. Griffin, Archie, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 6845 Temperance Point	Place		02 / D D / Y Y Y Y 23 2021		
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31344 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occ Dire	upation (for Individual) ctor	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]		
SUBTOTAL of Receipts This Page (optiona	l)		300.00		
TOTAL This Period (last page this line num	ber only)				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 21 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	🗶 11a 🛛 11b 🗌 11c	12	
		Setates cullinary rage	13 14 15	16	
Any information copied from such or for commercial purposes, other					
NAME OF COMMITTEE (IN FU MOTORISTS MUTUA		MPANY CIVIC FUND			
Full Name of Individual (Last, F A. Howat, James, Christopher	Date of Receipt	Date of Beceint			
Mailing Address 250 Daniel Bu	rnham Sq Unit 504		M M / D D / Y 02 27	2021	
City	State	Zip Code	Transaction ID : SA11AI.	30973	
Columbus	OH	43215	Amount of Each Receipt the	s Period	
FEC ID number of contributing federal political committee.	C			50.00	
Name of Employer (for Individu Motorists Insurance	al) Occu EVF	upation (for Individual)	Memo Item payroll deduction		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00			
Full Name of Individual (Last, F B. Howat, James, Christop		rganization Name	Date of Receipt		
Mailing Address 250 Daniel Bur	mham Sq Unit 504		03 13	2021	
City	State	Zip Code	Transaction ID : SA11AL3	1009	
Columbus	OH	43215	Amount of Each Receipt the	s Period	
FEC ID number of contributing federal political committee.	C			50.00	
Name of Employer (for Individu Motorists Insurance	ial) Occ EVF	upation (for Individual)	Memo Item payroll deduction		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00]		
Full Name of Individual (Last, F C. Howat, James, Christo		rganization Name	Date of Receipt		
Mailing Address 250 Daniel Bu	rnham Sq Unit 504		03 27 Y	2021	
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.		
	011	45215	Amount of Each Receipt the	s Period	
FEC ID number of contributing federal political committee.	C			50.00	
Name of Employer (for Individu Motorists Insurance	al) Occu EVP	upation (for Individual)	Memo Item payroll deduction		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.00	1		
SUBTOTAL of Receipts This Pag	ge (optional)			150.00	
TOTAL This Period (last page thi	is line number only)				

SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE

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PAGE 22 OF

116	TEMIZED RECEIPTS		for each category of the			11	а] 11b	Γ	11c	12	
				Detailed Summary Page	l F	13			14	┢	15	16	17
	r information copied from such Reports and Sta or commercial purposes, other than using the r										soliciting	contrib	utions
	NAME OF COMMITTEE (In Full)												
\rangle	MOTORISTS MUTUAL INSURA	NCE CC	DN	PANY CIVIC FUND									
۱.	Full Name of Individual (Last, First, Middle Initia Howat, James, Christopher, ,	-	rga	nization Name		Date	e of	Re	eceipt	t			
	Mailing Address 250 Daniel Burnham Sq Unit 50			1)4	1		л 10	/ Y	y y 2021	Ŷ
	City	State OH		Zip Code		Tr	ans	acti	ion II	D:	SA11AI.	31082	
-	Columbus	ОП		43215	_	Amo	ount	t of	Each	ו Re	eceipt th	is Perio	d
	FEC ID number of contributing rederal political committee.	С							-	_		50	0.00
	Name of Employer (for Individual) Motorists Insurance	Occi	•	tion (for Individual)	r	avro			lterr				
	Receipt For:	Aggrogato	Vor	ar-to-Date 🔻				0.0.0					
	Primary General	Aggregate	100										
	Other (specify) ▼	L	7	400.00									
	Full Name of Individual (Last, First, Middle Initia Howat, James, Christopher, ,	al) or Full O	rga	nization Name		Date	e of	Re	eceipt				
	Mailing Address 250 Daniel Burnham Sq Unit 50	4				04 24 2021							
	City	State		Zip Code		Tra	ans	acti	ion I[D : f	SA11AL	31218	
_	Columbus	ОН		43215							eceipt th		d
	FEC ID number of contributing ederal political committee.	C Occupation (for Individual) EVP				Memo Item payroll deduction							
	Name of Employer (for Individual) Notorists Insurance												
Ī	Receipt For:	Aggregate	ggregate Year-to-Date ▼										
	Primary General Other (specify) ▼		,	450.00									
	Full Name of Individual (Last, First, Middle Initia Howat, James, Christopher, ,	al) or Full O	rga	nization Name		Date	e of	Re	eceipt	 t			
	Mailing Address 250 Daniel Burnham Sq Unit 50)4				M ()5	/		08	/ Y	2021	Y
	City	State		Zip Code		Tr	ans	act	ion II	D : 3	SA11AI.	31219	
-	Columbus	OH		43215		Amo	ount	tof	Each	ו Re	eceipt th	is Perio	d
	FEC ID number of contributing rederal political committee.	C					_		y	Ξ	9	50	0.00
	Name of Employer (for Individual)	Occi	una	tion (for Individual)	_	п	Μ	emc	b Iten	n			
	Motorists Insurance	EVP			F	bayro	oll d	edu	iction	I			
Ì	Receipt For:	Aggregate	Ye	ar-to-Date 🔻									
	Primary General	1.99.094.0											
	Other (specify)	L	-9-	500.00									
รเ	JBTOTAL of Receipts This Page (optional)					Γ						150	.00
					-	F		-	,	=	. ,		
10	DTAL This Period (last page this line number of	iiy)	• • • • • •	•••••••		L			7	-	-		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 23 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUN)					
Full Name of Individual (Last, First, Middle I A. Howat, James, Christopher, ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 250 Daniel Burnham Sq Uni	t 504		M M / D D / Y Y Y Y 05 22 2021					
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.31220 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) Motorists Insurance	Occ	upation (for Individual)	Memo Item payroll deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]					
Full Name of Individual (Last, First, Middle I Howat, James, Christopher, , Mailing Address 250 Daniel Burnham Sq Uni		rganization Name	Date of Receipt					
City Columbus	State	Zip Code 43215	06 05 2021 Transaction ID : SA11AI.31221					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Motorists Insurance	Occ EVI	upation (for Individual) >	Memo Item payroll deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]					
Full Name of Individual (Last, First, Middle I C. Howat, James, Christopher, ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 250 Daniel Burnham Sq Uni		1	06 / D D / Y Y Y Y 2021					
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.31222 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual)	payroll deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00						
SUBTOTAL of Receipts This Page (optional)			150.00					
TOTAL This Period (last page this line numbe	er only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Mid A. Kaufman, David L., , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7925 Greenside Lane			02 23 2021						
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.31346 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name of Individual (Last, First, Mide Kessler, John C., , , Mailing Address 3910 Caswell Road	dle Initial) or Full O	rganization Name	Date of Receipt						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.31210 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]						
Full Name of Individual (Last, First, Mide C. Kessler, John C., , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3910 Caswell Road			06 / D D / Y Y Y Y 2021						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.31211 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
SUBTOTAL of Receipts This Page (option	nal)		540.00						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

		Use separate schedule(s)	(check only one)						
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Mid Kessler, John C., , ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3910 Caswell Road			06 19 / Y Y Y Y 06 19 2021						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.31212 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]						
Full Name of Individual (Last, First, Mid B. King, Teresa M., , ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			03 13 / Y Y Y Y 2021						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31006 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
Full Name of Individual (Last, First, Mic c. King, Teresa M., , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			03 / 27 / Y Y Y Y 2021						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31042 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Motorists Mutual Ins. Co. As		upation (for Individual) st. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00]						
SUBTOTAL of Receipts This Page (option	nal)		100.00						
TOTAL This Period (last page this line n	umber only)								

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Mid A. King, Teresa M., , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y 04 10 2021						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31079 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]						
Full Name of Individual (Last, First, Mid King, Teresa M., , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court	State	Zip Code	04 / D D / Y Y Y Y 2021						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31203 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Mid C. King, Teresa M., , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y 05 08 2021						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.31204 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) st. V. P.	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]						
SUBTOTAL of Receipts This Page (option	nal)		120.00						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	Г	17
Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committ			ay not be sold or used by any pe address of any political committee	erson fo to soli	or the	pur ntrib	pose of	soliciting	contrib	outio littee	ns
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	OMPANY CIVIC FUND								
Α.	Full Name of Individual (Last, First, Middle Init King, Teresa M., , ,	ial) or Full O	Organization Name	D	ate o	f Re	eceipt				
	Mailing Address 1139 Tidewater Court			10	^M 05	/	D D 22	/ Y	y y 2021	Y	
	City Westerville	State OH	Zip Code 43082					SA11AI.: eceipt th		bd	
	FEC ID number of contributing federal political committee.	С		ļ					4	0.00	
	Name of Employer (for Individual)		upation (for Individual)				ltem				
	Motorists Mutual Ins. Co. Receipt For:		ist. V. P.	Ра	yroll [Jeau	uction				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name								
Β.	King, Teresa M., , ,				ate o	f Re					_
	Mailing Address 1139 Tidewater Court				м м 06	1	05	/ Y	2021	Y	1
	City	State	Zip Code		Trans	acti	ion ID : S	SA11AL3	31206		
	Westerville	OH	43082	A	moun	t of	Each R	eceipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С		ļļ			-		4	0.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) sist. V. P.	Pa	M yroll D		ttem lten				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 480.00								
c.	Full Name of Individual (Last, First, Middle Init King, Teresa M., , ,	ial) or Full O	Organization Name	D	ate o	f Re	eceipt				
	Mailing Address 1139 Tidewater Court			11	^M 06	/	D D 19	/ Y	y y 2021	Y	1
	City Westerville	State OH	Zip Code 43082					SA11AI.		nd	_
	FEC ID number of contributing federal political committee.	С			moun		J			0.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Pa			ttem uction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00								
	UBTOTAL of Receipts This Page (optional)					-	y .	, ,	120	0.00	-
	OTAL This Period (last page this line number of	only)	••••••	·		1.0	-	-		-	- I.

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
I LIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	MPANY CIVIC FUNE							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Marshall, Brandon , , ,			Date of Receipt						
Mailing Address 74 Cassidy Dr.			M M / D D / Y Y Y Y 04 24 2021						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31198 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Memo Item payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]						
Full Name of Individual (Last, First, Mide B. Marshall, Brandon, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			05 08 2021						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31199 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Memo Item payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Mid C. Marshall, Brandon, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			05 22 2021						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31200 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occu VP	upation (for Individual)	Memo Item payroll deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	1						
SUBTOTAL of Receipts This Page (option	al)		75.00						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
IILIVIILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	URANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Midd Marshall, Brandon, , ,	Date of Receipt								
Mailing Address 74 Cassidy Dr.			M M / D D / Y Y Y Y 06 05 2021						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31201 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Memo Item payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Midd B. Marshall, Brandon , , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			06 19 2021						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.31202 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Memo Item payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]						
Full Name of Individual (Last, First, Midd C. McGee, Bill, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			03 13 2021						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31004 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Insurance	Occi SVP	upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
SUBTOTAL of Receipts This Page (optional	al)		90.00						
TOTAL This Period (last page this line nur	nber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16						
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. McGee, Bill, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			03 27 2021						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31040 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Motorists Insurance	Occu	upation (for Individual) S	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]						
Full Name of Individual (Last, First, Middle B. McGee, Bill, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			04 / D D / Y Y Y Y 2021						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31077 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Insurance	Occ SVF	upation (for Individual) >	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00]						
Full Name of Individual (Last, First, Middle C. McGee, Bill, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			04 / D D / Y Y Y Y 221						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31193 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Insurance	Motorists Insurance SVP								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]						
SUBTOTAL of Receipts This Page (optional).			120.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □	17					
			person for the purpose of soliciting contributions from such committee.						
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSUI	RANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. McGee, Bill, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			M M / D D / Y Y Y Y 05 08 2021						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31194 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Motorists Insurance	Occ SVF	upation (for Individual) o	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
Full Name of Individual (Last, First, Middle McGee , Bill , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			M M / D D / Y						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31195 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Insurance	Occ SVI	upation (for Individual) >	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00							
Full Name of Individual (Last, First, Middle C. McGee, Bill, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			06 / D D / Y Y Y Y 06 05 2021						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.31196 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Insurance	Motorists Insurance SVP								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00							
SUBTOTAL of Receipts This Page (optional).			120.00						
TOTAL This Period (last page this line number	er only)			T					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	11a 11 13 11	1b 11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpo	se of soliciting					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE							
Full Name of Individual (Last, First, Middle A. McGee, Bill, , ,	Initial) or Full C	organization Name	Date of Rece	eipt					
Mailing Address 48 E. Frankfort St.			M M /	D D / Y 19	2021	Y			
City Columbus	State OH	Zip Code 43206		n ID : SA11AI.3 ach Receipt thi					
FEC ID number of contributing federal political committee.	C				40.0	0			
Name of Employer (for Individual) Motorists Insurance	Occ SVF	upation (for Individual) o	Memo It Payroll Deduct						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]						
Full Name of Individual (Last, First, Middle B. Moore, Marchelle, , ,	Initial) or Full C	Prganization Name	Date of Rece	əipt					
Mailing Address 2717 Gatewood Rd.			03	D D / Y	2021	Y			
City Columbus	State OH	Zip Code 43219		n ID : SA11AI.3 ach Receipt thi					
FEC ID number of contributing federal political committee.	С				40.0	0			
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo It Payroll deducti						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]						
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	Initial) or Full C	organization Name	Date of Rece	əipt					
Mailing Address 2717 Gatewood Rd.			M M / 03	27	2021	Y			
City Columbus	State OH	Zip Code 43219		n ID : SA11AI.3 ach Receipt thi					
FEC ID number of contributing federal political committee.	C				40.0	0			
Name of Employer (for Individual) Motorists Mutual Insurance Co	sts Mutual Insurance Co Chief Legal O			Memo Item Payroll deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00]						
SUBTOTAL of Receipts This Page (optional).			,	,	120.0	0			
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A . Moore, Marchelle, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2717 Gatewood Rd.			04 10 2021						
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.31076 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]						
Full Name of Individual (Last, First, Middle B. Moore, Marchelle, , , Mailing Address 2717 Gatewood Rd.	e Initial) or Full C	rganization Name	Date of Receipt						
City	State	Zip Code	04 / 24 2021						
Columbus	OH	43219	Transaction ID : SA11AI.31188 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Middle C. Moore, Marchelle, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2717 Gatewood Rd.			05 08 2021						
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.31189 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Motorists Mutual Insurance Co Chie		upation (for Individual) ff Legal Officer	Payroll deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]						
SUBTOTAL of Receipts This Page (optional)		120.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)								
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	Date of Receipt										
Mailing Address 2717 Gatewood Rd.			05 22 2021								
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.31190 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Payroll deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00									
Full Name of Individual (Last, First, Middle B. Moore, Marchelle, , , Mailing Address 2717 Gatewood Rd.	Date of Receipt										
City	State	Zip Code	06 05 2021								
Columbus	OH	43219	Transaction ID : SA11AI.31191 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]								
Full Name of Individual (Last, First, Middle C. Moore, Marchelle, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2717 Gatewood Rd.			06 / 19 / Y Y Y Y 2021								
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.31192 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) of Legal Officer	Payroll deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00]								
SUBTOTAL of Receipts This Page (optional)			120.00								
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNI)							
Full Name of Individual (Last, First, Middl A. Obrokta, TJ, , ,	Date of Receipt									
Mailing Address 8810 Ventura Way			01 / D D / Y Y Y Y 01 30 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30918 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middl B. Obrokta, TJ, , , Mailing Address 8810 Ventura Way	Date of Receipt									
City	State	Zip Code	02 13 2021 Transaction ID : SA11AL.30955							
Dublin	OH	43016	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]							
Full Name of Individual (Last, First, Middl C. Obrokta, TJ, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8810 Ventura Way			02 / D D / Y Y Y Y 02 27 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30965 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]							
SUBTOTAL of Receipts This Page (optiona	l)		375.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)								
Full Name of Individual (Last, First, Middl A. Obrokta, TJ, , ,	Date of Receipt										
Mailing Address 8810 Ventura Way			M M / D D / Y Y Y Y 03 13 2021								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31001 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		125.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00]								
Full Name of Individual (Last, First, Middl B. Obrokta, TJ, , , Mailing Address 8810 Ventura Way	Date of Receipt										
City	State	Zip Code	03 27 2021 Transaction ID : SA11AI.31037								
Dublin	ОН	43016	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	s (125.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]								
Full Name of Individual (Last, First, Middl C. Obrokta, TJ, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name										
Mailing Address 8810 Ventura Way			04 10 / Y Y Y Y 04 10 2021								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31074 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		125.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 925.00]								
SUBTOTAL of Receipts This Page (optiona			375.00								
TOTAL This Period (last page this line num	ber only)										

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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PAGE 37 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
IILIVIIZED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Mide A. Obrokta, TJ, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8810 Ventura Way			04 24 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31178 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group Receipt For:	Pres	upation (for Individual) sident Year-to-Date ▼	Memo Item Payroll Deduction							
Primary General Other (specify) ▼	Aggregate	1050.00]							
Full Name of Individual (Last, First, Mido B. Obrokta, TJ, , ,	Date of Receipt									
Mailing Address 8810 Ventura Way		05 08 / Y Y Y Y 05 08 2021								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31179 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1175.00]							
Full Name of Individual (Last, First, Midc C. Obrokta, TJ, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8810 Ventura Way			05 22 2021							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31180 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00]							
SUBTOTAL of Receipts This Page (option	al)		375.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 38 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
I LIVILLU RECEIFIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)								
Full Name of Individual (Last, First, Middle Obrokta, TJ, , ,											
Mailing Address 8810 Ventura Way			M M / D D / Y Y Y Y 06 05 2021								
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.31181 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		125.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1425.00]								
B. Obrokta, TJ, , , Mailing Address 8810 Ventura Way	Date of Receipt										
City	State	Zip Code	06 19 2021 Transaction ID : SA11AI.31182								
Dublin	ОН	43016	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		125.00								
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1550.00]								
Full Name of Individual (Last, First, Middle C. Rader, David, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2452 SW 50th St.			02 / D D / Y Y Y Y Y 23 2021								
City Gainesville	State FL	Zip Code 32608	Transaction ID : SA11AI.31345 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Encova Insurance		upation (for Individual) rd Member	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]								
SUBTOTAL of Receipts This Page (optional))		750.00								
TOTAL This Period (last page this line numb	per only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

IT.	EMIZED RECEIPTS		(che	(check only one)								
11			for each category of the Detailed Summary Page	×	11a 11b 11c 1 13 14 15 1 for the purpose of soliciting contributions from such complicit contributions from such complexity 04 24 Date of Receipt 04 24 202 Transaction ID : SA11AL.31154 Amount of Each Receipt this Per Memo Item Payroll Deduction Date of Receipt Memo Item Payroll Deduction Date of Receipt Memo Item Payroll Deduction Date of Receipt Memo Item Payroll Deduction		ſ	17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson fo e to soli	or the	pur ntrib	pose of	soliciting	contr	ibutio	ons	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND									
A.	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , ,	tial) or Full O	rganization Name	D	ate o	f Re	eceipt					
	Mailing Address 1026 Loch Ness Avenue				04 24 2021							
	City Worthington	State OH	Zip Code 43085		Transaction ID : SA11AI.31158 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						-		25.00)	
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occi VP F	Pa									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
в.	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue	tial) or Full O	rganization Name		M M	f Re	D D	/ Y	Ŷ		7	
	City	State		Trans		ion ID :	-					
	Worthington FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period)			
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occi VP	Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	1									
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , ,	tial) or Full O	rganization Name		ate o	f Re	eceipt					
	Mailing Address 1026 Loch Ness Avenue					/		/ Y	202 <i>°</i>			
	City Worthington	State OH	Zip Code 43085				-	-				
	FEC ID number of contributing federal political committee.	С		ļ			y :	, ,		25.00)	
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Pa								
	Receipt For: Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 275.00									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						, .	. ,		75.00		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITC			(ch	(check only one)											
			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	17					
	v information copied from such Reports and Sta or commercial purposes, other than using the n				for the		pose of	soliciting	contribu	tions					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND												
							Date of Receipt								
ſ	Mailing Address 1026 Loch Ness Avenue				M M / D D / Y Y Y Y 06 05 2021										
	City Worthington	State OH	Zip Code 43085		Transaction ID : SA11AI.31161 Amount of Each Receipt this Period										
	FEC ID number of contributing ederal political committee.	С			<u> </u>				25.	00					
I	Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	VP F	Ipation (for Individual) Planning Prod & Svs		Me Payroll D		ttem ltem								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rudowicz, Randolph A., , ,					Re	eceipt								
Ī	Mailing Address 1026 Loch Ness Avenue City State Zip Code					06 / D D / Y Y Y Y 2021									
	City Worthington	State OH				-	SA11AL	31162 is Period							
ŀ	FEC ID number of contributing rederal political committee.	С			25.00										
	Name of Employer (for Individual) Notorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	F	Payroll Deduction										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 325.00												
	Full Name of Individual (Last, First, Middle Initia Walz, Chris, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt								
ſ	Mailing Address PO Box 832				05 ^M	/	22		y y 2021	Y					
	City Hurricane	State WV	Zip Code 25526	_				SA11AI. Receipt th	31150 is Period						
	FEC ID number of contributing rederal political committee.	С			<u> </u>		,		20.	00					
	Name of Employer (for Individual) Brickstreet Insurance	Occu AVP	ipation (for Individual)		Me Payroll d		ttem Item								
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00												
รเ	JBTOTAL of Receipts This Page (optional)			<u> </u>					70.0	00					
тс	TAL This Period (last page this line number or	ly)	·····	- •			-								

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for e	each category of the illed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	NCE COMPA	NY CIVIC FUND	
Full Name of Individual (Last, First, Middle Init Mailing Address PO Box 832 City Hurricane FEC ID number of contributing federal political committee. Name of Employer (for Individual) Brickstreet Insurance Receipt For: Primary General Other (specify)	State Zip WV 2	(for Individual)	Date of Receipt 06 / 05 / 2021 Transaction ID : SA11AI.31151 Amount of Each Receipt this Period 20.00 Memo Item Payroll deduction
B. Walz, Chris, , , Mailing Address PO Box 832	Date of Receipt		
City Hurricane FEC ID number of contributing federal political committee. Name of Employer (for Individual) Brickstreet Insurance Receipt For: □ Primary General Other (specify) ▼	WV 2!	Code 5526 (for Individual) Date ▼ 260.00	06 19 2021 Transaction ID : SA11AI.31152 Amount of Each Receipt this Period 20.00 06 20.00 06 Payroll deduction
Full Name of Individual (Last, First, Middle Ini C. White, Steven, , , Mailing Address 700 Chappell Rd.	ial) or Full Organizat	tion Name	Date of Receipt
City Charleston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Encova Insurance Receipt For: Primary General Other (specify)	WV 25		Transaction ID : SA11AI.31343 Amount of Each Receipt this Period 250.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		· ·	290.00

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f solicitir	ng con	tributi	ions	
	NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND									
Α.	Full Name of Individual (Last, First, Middle Init Wilcox, Matt, , ,	tial) or Full O	Date of Receipt									
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit City Columbus FEC ID number of contributing federal political committee. Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit City Columbus FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify) ▼	808		01 30 2021								
	City Columbus	State OH	Zip Code 43215		Transaction ID : SA11AI.30909 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					-			80.0	0	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		М	emo	Item					
	Motorists Insurance Group	EVF	1	F	Payroll [Dedu	uction					
	Receipt For:	Aggregate	Year-to-Date 🔻									
			240.00									
— B	Full Name of Individual (Last, First, Middle Init	tial) or Full O		Date o	f Re	ceipt						
		ailing Address 250 Daniel Burnham Sq Unit 308					02 13 2021					
	City	State	Zip Code	Transaction ID : SA11AI.30946								
	Columbus	OH	43215		Amoun	t of	Each I	Receipt	this Pe	eriod		
	FEC ID number of contributing federal political committee.	С			80.00						0	
	Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP			Memo Item Payroll Deduction							
	Receipt For:	Aggregate	Year-to-Date 🔻									
с.	Full Name of Individual (Last, First, Middle Init Wilcox, Matt, , ,	tial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 250 Daniel Burnham Sq Unit 3	308			02 ^M	/	D 27		202	21 [°]	Y	
	City	State OH	Zip Code 43215					: SA11A				
			10210		Amoun	t of	Each I	Receipt	inis Pe	eriod	_	
	federal political committee.	С			80.00							
	Name of Employer (for Individual)	Occu EVP	upation (for Individual)		M Payroll [ttem					
	•				ayron	Jeu						
	Primary General	Aggregate	Year-to-Date ▼ 400.00									
\vdash	UBTOTAL of Receipts This Page (optional)			▶ -			9			240.0	0	

SCHEDULE A (FEC Form 3X)

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or for commercial purposes, NAME OF COMMITTEE (MOTORISTS MU Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus FEC ID number of contrib federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Ga Other (specify) ▼	such Reports and Statements other than using the name and		X 11a 11b 11c 12 13 14 15 16 17 person for the purpose of soliciting contributions tee to solicit contributions from such committee.									
or for commercial purposes, NAME OF COMMITTEE (MOTORISTS MU Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus FEC ID number of contrib federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Ga Other (specify) ▼	other than using the name and		person for the purpose of soliciting contributions									
MOTORISTS MU Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus FEC ID number of contrikt federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Other (specify) ▼ Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	In Full)											
 A. Wilcox, Matt, , , Mailing Address 250 Dani City Columbus FEC ID number of contribing FEC ID number of contribing FEC ID number of contributive Name of Employer (for Intole Motorists Insurance Group) Receipt For: Primary Other (specify) ▼ Full Name of Individual (Let Wilcox, Matt, , , Mailing Address 250 Dani City Columbus		COMPANY CIVIC FUN	D									
City Columbus FEC ID number of contrib federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Gr Other (specify) ▼ Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	ast, First, Middle Initial) or Full	Organization Name	Date of Receipt									
Columbus FEC ID number of contributed federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Other (specify) ▼ B. Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	el Burnham Sq Unit 308		03 / D D / Y Y Y Y 03 13 2021									
federal political committee Name of Employer (for In Motorists Insurance Group Receipt For: Primary Gr Other (specify) ▼ Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30993 Amount of Each Receipt this Period									
Motorists Insurance Group Receipt For: Primary Group Other (specify) ▼ Full Name of Individual (L Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	ů.		80.00									
Primary Ga Other (specify) ▼ Full Name of Individual (L B. Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	E	ccupation (for Individual) VP	Payroll Deduction									
B. Wilcox, Matt, , , Mailing Address 250 Dani City Columbus	eneral Aggrega	te Year-to-Date ▼ 480.00										
Columbus	ast, First, Middle Initial) or Full el Burnham Sq Unit 308	Organization Name	Date of Receipt									
	State	Zip Code	03 27 2021 Transaction ID : SA11AI.31029									
FEC ID number of contrib federal political committee	uting	43215	Amount of Each Receipt this Period									
Name of Employer (for In Motorists Insurance Group	-	ccupation (for Individual) VP	Memo Item Payroll Deduction									
Receipt For: Primary Ga Other (specify) ▼	eneral	te Year-to-Date ▼ 560.00										
Full Name of Individual (L C. Wilcox, Matt, , ,	ast, First, Middle Initial) or Full	Organization Name	Date of Receipt									
Mailing Address 250 Dan	-		04 / D D / Y Y Y Y 04 10 2021									
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.31066 Amount of Each Receipt this Period									
FEC ID number of contrib federal political committee	ů.		80.00									
Name of Employer (for In Motorists Insurance Group Receipt For:	E	ccupation (for Individual) VP	Payroll Deduction									
	eneral Aggrega	te Year-to-Date ▼ 640.00										
SUBTOTAL of Receipts Thi	I											

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Use separate schedule(s)

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IT.			Use separate schedule(s)	(check only one)									
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
	for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CC	OMPANY CIVIC FUNI	C									
A.	Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,	itial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 250 Daniel Burnham Sq Unit	308		04 / D D / Y Y Y Y 04 24 2021									
	City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.31102 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		80.00									
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	EVF		Payroll Deduction									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 720.00										
В.	Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit 3	-	rganization Name	Date of Receipt									
	City	State	Zip Code	05_08_2021 Transaction ID : SA11AI.31140									
	Columbus FEC ID number of contributing federal political committee.	ОН	43215	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Motorists Insurance Group	Occ	upation (for Individual) >	Memo Item Payroll Deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00										
с.	Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,	,	rganization Name	Date of Receipt									
	Mailing Address 250 Daniel Burnham Sq Unit			05 / D D / Y Y Y Y 2021									
	City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.31141 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		80.00									
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	EVP		Payroll Deduction									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 880.00										
⊢	UBTOTAL of Receipts This Page (optional)			240.00									
Г	OTAL This Period (last page this line number	only)											

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

ıт.		Use separate schedule(s)				(check only one)							
11			for each category of the Detailed Summary Page	×	X 11a 11b 11c 13 14 15 irrson for the purpose of soliciting contributions from such contrelevel suchased and such contrelations from suchased an	12	Γ	17					
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	g contrib		าร		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUN	D									
A.	Full Name of Individual (Last, First, Middle In Wilcox, Matt, , ,	itial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 250 Daniel Burnham Sq Unit	308	Zip Code										
	City Columbus	State OH							d				
	FEC ID number of contributing federal political committee.	С					,			0.00]		
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	Occi EVF	P										
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 960.00										
в.	Full Name of Individual (Last, First, Middle In Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit	·		M M	[:] Red	D D	/ Y	YY	Y	1			
	City	State Zip Code OH 43215				Transaction ID : SA11AI.31143							
	Columbus FEC ID number of contributing federal political committee.	С	43215	80.00									
	Name of Employer (for Individual) Motorists Insurance Group	Occ	upation (for Individual) P	P									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00										
С.	Full Name of Individual (Last, First, Middle In Wiseman, Michael L., , ,	itial) or Full O	organization Name		Date of	Red	ceipt						
	Mailing Address 90 Timberknoll Loop					/		/ Y	y y 2021	Y			
	City Powell	State OH	Zip Code 43065							d			
	FEC ID number of contributing federal political committee.	С					y	- y	250	0.00			
	Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For:	Sr V		F									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)			•		_	,	9	410	0.00			
т	OTAL This Period (last page this line number	only)					,	-	8280	0.00			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		FOR LINE NUMBER: (check only one) 21b 22 23 26 27	
		Detailed Summary Page		22 23 26 27 28b 28c x 29 30b	
ny information copied from such Reports and Sta for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVI	IC FUND		
Full Name (Last, First, Middle Initial) ANTHONY GONZALEZ FOR CO	Date of Disbursement				
Mailing Address 9856 ARCHER LN	03 / D D / Y Y Y Y 23 2021				
City DUBLIN	State OH	Zip Code 43017		FEC Identification Number	
Purpose of Disbursement Campaign Contribution	· · · · ·	С С00654079			
Candidate Name	Category/	Transaction ID : SB29.31329 Amount of Each Disbursement this Period			
Office Sought: X House Disbursement For:				3000.00	
Senate President	Primary General Other (specify) ▼			Memo Item	
State: OH District: 16				had	
Full Name (Last, First, Middle Initial) Friends of Marilyn Brown	Date of Disbursement				
Mailing Address 1480 Dublin Rd.	02 12 2021				
City Columbus	State OH	Zip Code 43215		FEC Identification Number	
Purpose of Disbursement Campaign Contribution	····	C			
Candidate Name	Transaction ID : SB29.31325 Amount of Each Disbursement this Period				
	Disbursement For:			1000.00	
Ctata:	Other (sp	ecify)		Memo Item	
State: District: Full Name (Last, First, Middle Initial)					
Friends of Shannon Hardin	Date of Disbursement				
Mailing Address 545 E Town St		04 / D D / Y Y Y Y 22 2021			
City Columbus	State OH	Zip Code 43215		FEC Identification Number	
Purpose of Disbursement Campaign Contribution	C Transaction ID : SB29.31332				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disbursement For: Senate Primary General				2500.00	
	Primary General Other (specify) ▼			Memo Item	
State: OIL District:					
State: OH District:		., .			
			····· •	6500.00	

SCHEDULE B (FEC Form 3X)			FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	ments may r ne and addr	not be sold or use ress of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	CE CON	IPANY CIVIO	C FUND	
Full Name (Last, First, Middle Initial) A. West Virginians for Armstead	Date of Disbursement			
Mailing Address 1900 Kanawha Boulevard East	02 / D D / Y Y Y Y 24 _2021			
Charleston	State WV	Zip Code 25305		FEC Identification Number
Purpose of Disbursement Campaign Contribution Candidate Name	C Transaction ID : SB29.31328			
	ment For:		Category/ Type	Amount of Each Disbursement this Period 1000.00
State: District:	Primary General Other (specify) V			Memo Item
Full Name (Last, First, Middle Initial) B.	Date of Disbursement			
Mailing Address				
City Purpose of Disbursement	State	Zip Code		FEC Identification Number
Candidate Name	Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)			
State: District:				
C.		Date of Disbursement		
Mailing Address				
	State	Zip Code		FEC Identification Number
Purpose of Disbursement	Amount of Each Disbursement this Period			
Office Sought: House Disburser				
State: District:	Primary Other (spec	cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)				1000.00
TOTAL This Period (last page this line number only))		••••••	7500.00