Image# 201607119020393550		PAGE 1 / 41
	PORT OF RECEIPTS ID DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	E OR PRINT V Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street)		
Check if different than previously reported. (ACC)	OLUMBUS	OH 43215
2. FEC IDENTIFICATION NUMBE		STATE ZIP CODE
C C00336834	3. IS THIS REPORT X (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	Monthly Report Due On: Feb 20 (M2) May 20 (M3) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) Jul 20 (M7) (c) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) Election on // D.D.// (d) 30-Day POST-Election General (30G)	(Non-Election Year Only) (Non-Election Year Only) (Non-Election Year Only)
Termination Report (TER)	Report for the:	in the State of
5. Covering Period 04	01 / 2016 through 06	The correct and complete
-	port and to the best of my knowledge and belief it is the set of my knowledge and belief it is the set of the	Date 07 / 07 / 2016
NOTE: Submission of false, erroneous,	or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

07/11/2016 12 : 44

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From: 04	/ D D / Y Y Y Y 01 2016 To:	M / D / Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		38811.96
	(b) Cash on Hand at Beginning of Reporting Period	40065.56	
	(c) Total Receipts (from Line 19)	7964.40	16118.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	48029.96	54929.96
7.	Total Disbursements (from Line 31)	23100.00	30000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24929.96	24929.96
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. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 04	/ D / Y	06 / D / Y Y Y Y 2016
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)	3185.40	3935.80
	4779.00	12182.20
(ii) Unitemized (iii) TOTAL (add	4/13.00	12102.20
Lines 11(a)(i) and (ii)	7964.40	16118.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	7964.40	16118.00
Totals to Line 33, page 5)►	7904.40	7 7 7
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	7 7 7	
13. All Loans Received	0.00	0.00
	7 7	7 7
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	/p /p	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7	7 7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
	0.00	
(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)) ►	7964.40	16118.00
20. Total Federal Receipts	7064.40	40440.00
(subtract Line 18(c) from Line 19)►	7964.40	16118.00

Page 3

DETAILED SUMMARY PAGE

of Disbursements

	II. Disbursements	COLUMN A	COLUMN B
1. (Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating Expenditures	0.00	0.00
((c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
(Committees Contributions to	0.00	0.00
l á	Federal Candidates/Committees and Other Political Committees	6000.00	6000.00
	Independent Expenditures	0.00	0.00
((use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		
ĺ	use Schedule F)	0.00	0.00
I	Loan Repayments Made	0.00	0.00
1	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	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
((d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
. (Other Disbursements	17100.00	24000.00
I	Federal Election Activity (2 U.S.C. §431(20))		
((a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid Entirely		0.00
(With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
-	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	23100.00	30000.00
-	Total Federal Disbursements		
((subtract Line 21(a)(ii) and Line 30(a)(ii)		
1	from Line 31)	23100.00	30000.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	7964.40	16118.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7964.40	16118.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page		11a		11b	11c	12	
					13		14	15	16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
\rangle	MOTORISTS MUTUAL INSUR	ANCE CC	OMPANY CIVIC FUND							
	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt			
-	Mailing Address 5658 Tynecastle Loop				м м 04	1	08	/ Y	у у 2016	Y
	City	State	Zip Code		Trans	acti	ion ID : S	SA11AL		
-	Dublin	OH	43016	_ /	Amount	t of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С							40.	
i	Name of Employer	Occupation	1	1		mo li Vedu		\$40		
	Motorists Life Insurance Compa	President M	1LIC	_ Pi	ayroll E	√edu	uction of S	φ4 U		
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		280.00							
	Other (specify)		280.00	1						
	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt			
l	Mailing Address 5658 Tynecastle Loop]	^M M		22	/ Y	2016	Y
	City	State	Zip Code				on ID : S			
-	Dublin	OH	43016	/	Amount	t of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_	_		7	40.	00
	Name of Employer	Occupation	i			mo l		N 40		
	Motorists Life Insurance Compa	President M	1LIC	_ Pi	ayroll D	vedu	iction of S	\$40		
ļ	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)	· · · · ·	320.00							
			, , , , , , , , , , , , , , , , , , , ,	1						
	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt			
	Mailing Address 5658 Tynecastle Loop				^M 05	1	06	/ Y	ү 2016	Y
Ì	City Dublin	State OH	Zip Code				ion ID : S			
-	Dublin		43016		۹mount	t of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,		40.	00
i	Name of Employer	Occupation	ı	11		mo li Dodu		<u> </u>		
	Motorists Life Insurance Compa	President M	1LIC	P.	ayroll [Jedu	uction of	 40		
ļ	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		360.00							
	Other (specify)		300.00	1						
รเ	JBTOTAL of Receipts This Page (optional)						7		120.	00
	OTAL This Period (last page this line number	only)		Ì						
•	init chou (last page this line humber	y/	••••••	- 1		-	7			_

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a		11b	11c	12	
					13		14	15	16	1
	information copied from such Reports and S or commercial purposes, other than using the									
	IAME OF COMMITTEE (In Full)							_		
	MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND							
	ull Name (Last, First, Middle Initial) Michael J. Agan			[Date of	f Re	ceipt			
_	Aailing Address 5658 Tynecastle Loop				м м 05	/	20) / Y	у у 2016	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI	24845	
-	Dublin	OH	43016	/	Amoun	t of	Each F	leceipt th	nis Perio	d
	EC ID number of contributing ederal political committee.	С								0.00
N	lame of Employer	Occupation		╡_		mo l'		. # 4 0		
_	Notorists Life Insurance Compa	President N	ILIC		ayroli L	Jedu	iction of	\$40		
F		Aggregate	Year-to-Date ▼							
	Other (specify)		400.00							
	ull Name (Last, First, Middle Initial) Michael J. Agan				Date of	f Re	ceipt			
_	Aailing Address 5658 Tynecastle Loop				м м 06	/	03	/ Y	ү ү 2016	Y
	Dity	State	Zip Code					SA11AI.		
-	Dublin	OH	43016	/	Amoun	t of	Each F	leceipt th	nis Perio	d
	EC ID number of contributing ederal political committee.	С							40	0.00
	lame of Employer Iotorists Life Insurance Compa	Occupation President M		Pa		mo l)edu	tem Iction of	\$40		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00							
	ull Name (Last, First, Middle Initial) Michael J. Agan			[Date of	f Re	ceipt			
_	Aailing Address 5658 Tynecastle Loop				м м 06	/	17	/ Y	2016	Y
	City Dublin	State OH	Zip Code 43016					SA11AI		
F	EC ID number of contributing ederal political committee.	C			Amoun	t of	Each F	leceipt th		d).00
					Me	mol	tem	7		
	lame of Employer	Occupation		P			uction of	f \$40		
_	Notorists Life Insurance Compa	President M		_	,					
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		480.00							
	BTOTAL of Receipts This Page (optional)			_		-			120	.00

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

NAM MC A. Full Maili City Lew	Armation copied from such Reports and a commercial purposes, other than using the E OF COMMITTEE (In Full) DTORISTS MUTUAL INSUR DTORISTS MUTUAL INSUR Name (Last, First, Middle Initial) vid R. Benseler Ing Address 2746 Sandhurst Dr.	e name and ad	ddress of any political committee	to soli		ntrib								
NAM MC A. Full Maili City Lew	ommercial purposes, other than using th E OF COMMITTEE (In Full) DTORISTS MUTUAL INSUR Name (Last, First, Middle Initial) vid R. Benseler ng Address 2746 Sandhurst Dr.	e name and ad	ddress of any political committee	to soli	icit cor	ntrib								
A. Da MC	DTORISTS MUTUAL INSUR Name (Last, First, Middle Initial) vid R. Benseler ng Address 2746 Sandhurst Dr.	State	MPANY CIVIC FUND		Date of									
A. Da Maili City Lew	vid R. Benseler ng Address 2746 Sandhurst Dr.				Date of									
City Lew	is Center					Re	ceipt							
Lew				M = M / D = D / Y = Y = Y = Y 05 06 _2016										
			Zip Code		Trans	acti	on ID : S	SA11AI.:	24638					
	ID number of contributing	OH	43035	A	mount	of	Each Re	eceipt th	is Perioc					
	al political committee.	С			_			- 7	25					
Nam	e of Employer	Occupation				mo li		tor.						
	rist Mutual Ins. Co.	Assistant VI	0	Pa	ayroll d	edu	ction of S	\$25						
Rece	ipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		225.00											
	Name (Last, First, Middle Initial) vid R. Benseler	ı			Date of	Re	ceipt							
	ng Address 2746 Sandhurst Dr.				м м 05	/	20	/ Y	у у 2016	Y				
City		State	Zip Code					SA11AL						
Lew	s Center	OH	43035	A	mount	of	Each Re	eceipt th	is Perioc					
	ID number of contributing al political committee.	С					-		25	00				
Moto	e of Employer rist Mutual Ins. Co.	Occupation Assistant VF	0	Pa		mo l [:] educ	tem ction of S	\$25						
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
	Name (Last, First, Middle Initial) vid R. Benseler	·			Date of	Re	ceipt							
	ng Address 2746 Sandhurst Dr.				м м 06	/	03	/ Y	ү ү 2016	Y				
City	is Center	State OH	Zip Code 43035					SA11AL						
		OIT	43033	A	mount	of	Each Re	eceipt th	is Perioc					
	ID number of contributing al political committee.	С			-		,	-	25	.00				
Nam	e of Employer	Occupation				mo li		¢ог						
	rist Mutual Ins. Co.	Assistant VI	2	Pa	ayroll d	edu	ction of	¢∠≎						
Rece	ipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		275.00											
	DTAL of Receipts This Page (optional)		· ·		-		7	- J	75.	00				

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

			Detailed Summary Page		11a 13	-	11b 14		11c 15	\mid	12 16	1 17										
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose c		oliciting		ntributi	ons										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FUND																			
A.	Full Name (Last, First, Middle Initial) David R. Benseler				Date of	Re	ceipt															
	Mailing Address 2746 Sandhurst Dr.				м м 06	/	D 17		/ Y) 16	Ŷ										
	City Lewis Center	State OH	Zip Code 43035						A11AL													
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00 Memo Item																		
	Name of Employer	Occupation		<u>ا</u> -					05													
	Motorist Mutual Ins. Co.	Assistant V	-	Pa	ayroll de	edu	ction c	ot \$2	25													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1																		
	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers				Date of	Re	ceipt															
	Mailing Address S86 W33540 Short Drive				M M 05	1	20		/ Y	ү 20	ү 16	Y										
	City	State Zip Code								Transaction ID : SA11AI.24848												
	Mukwonago	WI	53149-9306	Amount of Each Receipt this Period																		
	FEC ID number of contributing federal political committee.	ů – L							125.00													
	Name of Employer Wilson Mutual Ins. Co.	Occupation Director		Pa	Mer ayroll de		tem ction o	f\$	125.00													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00																			
с.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell				Date of	Re	ceipt															
	Mailing Address 5760 Whispering Trail				м м 05	/	06		/ Y		16 16	Y										
	City Galena	State OH	Zip Code 43021		Trans Amount				A11AI.													
	FEC ID number of contributing federal political committee.	С				_	,				25.0	0										
	Name of Employer	Occupation		<u> </u>			tem	·														
	Motorists Mutual Ins. Co.	Sr. VP Marl	keting Services & PL	P.	ayroll d	edu	tion \$	525														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_																		
	Other (specify) ▼		225.00																			
	UBTOTAL of Receipts This Page (optional)			• -	-	-	<u> </u>		7	_	175.0	0										

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

			Detailed Summary Page		11a		11b		11c		12	
			, ,		13		14		15		16	17
	ny information copied from such Reports and for commercial purposes, other than using the											
<u>\</u>	NAME OF COMMITTEE (In Full)											-
$\Big\rangle$	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell				Date of	Re	ceipt					
	Mailing Address 5760 Whispering Trail				м м 05	/	20		/ Y) 16	Y
	City	State OH	Zip Code	_					A11AI.:			
	Galena	UH	43021	_ /	Amount	of	Each I	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					, . ,	_	7	_	25.0	0
	Name of Employer	Occupation					tem	05				
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL	P	ayroll d	eau	cuon a	20				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
В.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	1			Date of	Re	ceipt					
	Mailing Address 5760 Whispering Trail				м м 06	/	03		/ Y	ү 20	16	Y
	City	State	Zip Code		Trans	acti	on ID :	S/	A11AI.2	2493	30	
	Galena	OH	43021	/	Amount	of	Each I	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	25.0	0
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Mark	keting Services & PL	P	Mei ayroll d		tem ction \$2	25				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 275.00									
с.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	I			Date of	Re	ceipt					
	Mailing Address 5760 Whispering Trail				м м 06	/	D 17		/ Y) 16	Y
	City	State OH	Zip Code						A11AI.:			
	Galena	OIT	43021	- '	Amount	of	Each I	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7	_	25.0	0
	Name of Employer	Occupation			Mei ayroll d		tem	25				
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL	P	ayroli u	eau	ICLION \$	25				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		300.00									
s	UBTOTAL of Receipts This Page (optional)			•			y		7	-	75.0	0
т	OTAL This Period (last page this line number	r only)					7		7	_		

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

•••			Detailed Summary Page	×	11a 13		11b 14	110	;	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	solicit		ontribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA										
A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd	04-4-	Zip Cod-		^M M 04		08			y y 2016	Y
	City Englewood	State FL	Zip Code 34224	A			i on ID : Each F				
	FEC ID number of contributing federal political committee.	С		ļ			-	7		70.	
	Name of Employer	Occupation		Pa			tem ction of	\$70.1	0		
	Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate	Year-to-Date ▼ 565.70]							
В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd				м м 04	/	22			y y 2016	Y
	City Englewood	State FL	Zip Code 34224				on ID :				
	FEC ID number of contributing federal political committee.	С	J7227		Amount	t of	Each F	ieceipt	. this	Period 70.	10
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		Pa			tem ction of	\$70.1	D		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 635.80								
C.					Date of	Re	ceipt				
	Mailing Address 9240 Griggs Rd				м м 05	/	06			y y 2016	Y
	City Englewood	State FL	Zip Code 34224	A	Trans		ion ID : Each F	SA11	AI.24	682	
	FEC ID number of contributing federal political committee.	С					7			95.	10
	Name of Employer	Occupation					tem Iction of	¢05 4	0		
	Motorists Mutual Insurance Co.	Director			ayı 011 0	euu		ຈອວ.1	U		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 730.90								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				-	-	<u> </u>	7		235.:	30

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

		Detailed Summary Page		11a		11b	11c	12					
				13		14	15	16	17				
Any information copied from such Reports a or for commercial purposes, other than usir													
NAME OF COMMITTEE (In Full)	URANCE CC	MPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	f Re	ceipt							
Mailing Address 9240 Griggs Rd			M = M / D = D / Y = Y = Y = Y 05 20 20 2016										
City	State	Zip Code		Trans	acti	ion ID : S	SA11AL	24861					
Englewood	FL	34224	/	Amount	t of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					7	7	120.					
Name of Employer	Occupation		<u> </u>		mo lt		100.10						
Motorists Mutual Insurance Co.	Director		P;	ayroll o	iedu	ction of \$	5120.10						
Receipt For:	Aggregate	Year-to-Date ▼]										
Primary General Other (specify) ▼		851.00											
Full Name (Last, First, Middle Initial) B. Rolf H. Gesen	I		_ [Date of	f Re	ceipt							
Mailing Address 63 Penacook Rd.				м м 05]′	06	/ Y	2016	Y				
City	State	Zip Code		Trans	actio	on ID : S	6A11AI.2	24697					
Contoocook	NH	03229	4	Amount	t of	Each Re	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C					-	3	25.	00				
Name of Employer Phenix Mutual	Occupation President		Pa		mo li leduc	tem ction of \$	25						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00											
Full Name (Last, First, Middle Initial) . Rolf H. Gesen	1			Date of	Re	ceipt							
Mailing Address 63 Penacook Rd.				м м 05	1	D D D 20	/ Y	y y 2016	Y				
City	State	Zip Code				ion ID : S							
Contoocook	NH	03229	/	Amount	t of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				_		7	25.	00				
Name of Employer	Occupation		<u> </u>		mo li								
Phenix Mutual	President		P.	ayroll c	nedu	ction of \$	\$25						
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
SUBTOTAL of Receipts This Page (option			▶ -			P	7	170. ⁻	10				

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

			Detailed Summary Page		-		11b	11c		12	
Ar	y information copied from such Reports and	Statements m	av not be sold or used by any n	erson f	13 or the	purr	14 bose of	15 soliciting		16 ntribut	17 ions
	for commercial purposes, other than using th										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	Re	ceipt				
	Mailing Address 63 Penacook Rd.				м м 06	/	03	/ Y		016	Y
	City	State NH	Zip Code 03229				ion ID :				
	Contoocook		03223	_ /	Amount	: of	Each R	eceipt th	nis P	eriod	_
	FEC ID number of contributing federal political committee.	С			Ma	mol	tom	7	_	25.0	0
	Name of Employer	Occupation				mo l' edu	ction of	\$25			
	Phenix Mutual Receipt For:	President			ayron a	cuu		φ20			
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		275.00								
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date of	Re	ceipt				
	Mailing Address 63 Penacook Rd.				м м 06	/	17	/ Y)16	Y
	City	State	Zip Code		Trans	acti	on ID : S	SA11AI.	250	15	
	Contoocook	NH	03229	/	Amount	of	Each R	eceipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С				_	,	7	_	25.0	0
	Name of Employer Phenix Mutual	Occupation President		P		mo l edu	tem	\$25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
				_							
C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			I	Date of	Re	ceipt				
	Mailing Address 7494 Heffley Court				м м 05	/	D D 06	/ Y)16	Y
	City Canal Winchester	State OH	Zip Code 43110				ion ID :				
	FEC ID number of contributing	_		- '	Amount	to t	Each R	eceipt th	IIS P	'eriod	_
	federal political committee.	C					1	9	_	25.0	0
	Name of Employer	Occupation				mol		የ ጋ ፫			
	The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO	P	ayroll o	leau	iction of	\$Z5			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		225.00								
s	UBTOTAL of Receipts This Page (optional)						5	- 7	-	75.0	0
Т	OTAL This Period (last page this line number	r only)	•••••••	•			7		_		

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

			Detailed Summary Page		11a		11b		11c	Ц	12	
An	y information copied from such Reports and S	Statements ma	av not be sold or used by any n	erson	13 for the		14 005e.0	l of e	15 oliciting		16 ntribut	17 ions
	for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	ceipt					
	Mailing Address 7494 Heffley Court											Y
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.24872 Amount of Each Receipt this Perio								
	FEC ID number of contributing federal political committee.	С										0
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	P	Mei ayroll d	mo l edu		of \$2	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	ceipt					
	Mailing Address 7494 Heffley Court				м м 06	/	03		/ Y)16	Y
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.24947 Amount of Each Receipt this Per								
	FEC ID number of contributing federal political committee.	С			25.						25.0	0
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	P	ayroll d		tem ction o	f \$2	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00									
C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack				Date of	Re	ceipt					
	Mailing Address 7494 Heffley Court				м м 06	/	D 17		/ Y	ү 20)16	Y
	City Canal Winchester	State OH	Zip Code 43110		Trans Amount				A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С					,		7	_	25.0	0
	Name of Employer	Occupation					tem		~-			
	The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO	P	ayroll d	ledu	iction c	of \$.	25			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00									
6	UBTOTAL of Receipts This Page (optional)					-				_	75.0	0
	OTAL This Period (last page this line number			• •			,	j	7	+		

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

14 15 16 purpose of soliciting contributions intributions from such committee. of Receipt 03 2016 saction ID : SA11AI.24950 it of Each Receipt this Period 20.00 emo Item deduction of \$20
of Receipt of Receipt of Each Receipt this Period 20.00 emo Item deduction of \$20 of Receipt of Receipt of Receipt of Each Receipt this Period
A constraint of Each Receipt this Period 20.00 20
03 2016 saction ID : SA11AI.24950 It of Each Receipt this Period 20.00 emo Item deduction of \$20 of Receipt / D D / Y Y Y 17 2016 saction ID : SA11AI.25024 It of Each Receipt this Period
th of Each Receipt this Period 20.00 emo Item deduction of \$20 of Receipt / 17 2016 saction ID : SA11AI.25024 th of Each Receipt this Period
ermo Item deduction of \$20 of Receipt /
deduction of \$20 of Receipt / D D / Y Y Y Y 2016 saction ID : SA11AI.25024 It of Each Receipt this Period
2016 action ID : SA11AI.25024 th of Each Receipt this Period
2016 action ID : SA11AI.25024 th of Each Receipt this Period
172016saction ID : SA11AI.25024tt of Each Receipt this Period
t of Each Receipt this Period
20.00
emo Item deduction of \$20
f Receipt
08 / Y Y Y Y Y 08 2016
saction ID : SA11AI.24738 It of Each Receipt this Period
30.00
emoltem
deduction of \$30
n r

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

		Detailed Summary Page		11a		11b	11c	12	
				13		14	15	16	17
Any information copied from such Repo or for commercial purposes, other than									
NAME OF COMMITTEE (In Full)	NSURANCE CO	OMPANY CIVIC FUND)						
Full Name (Last, First, Middle Initial) A. David L. Kaufman			[Date of	f Re	ceipt			
Mailing Address 7925 Greenside Lan	e			м м 04	/	22) / Y	2016	Y
City	State	Zip Code		Trans	acti	ion ID :	SA11AL	24739	
Worthington	ОН	43235	/	Amount	t of	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	C			30.					
Name of Employer	Occupation	1			mo l'		¢00		
Motorists Mutual Ins Co	Executive \	/P & COO	Pa	ayroll d	edu	ction of	\$ 30		
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		240.00]						
Full Name (Last, First, Middle Initial) B. David L. Kaufman	1			Date of	f Re	ceipt			
Mailing Address 7925 Greenside Lan				м м 05	/	06	/ Y	ү ү 2016	Y
City	State	Zip Code					SA11AI.		
Worthington	ОН	43235	/	Amount	t of	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	C							30.	00
Name of Employer	Occupation	l	<u>ا</u> [mo l		^		
Motorists Mutual Ins Co	Executive V	/P & COO	Pa	ayroll d	edu	ction of	\$30		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]						
Full Name (Last, First, Middle Initial) C. David L. Kaufman	I			Date of	f Re	ceipt			
Mailing Address 7925 Greenside Lan	e			м м 05	1	20) / Y	ү ү 2016	Y
City	State	Zip Code		Trans	sacti	ion ID :	SA11AI.	24879	
Worthington	OH	43235	A	Amount	t of	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		30.	00
Name of Employer	Occupation	1			mo l		\$ 05		
Motorists Mutual Ins Co	Executive \	/P & COO	P	ayroll c	aedu	iction of	\$30		
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		300.00]						
SUBTOTAL of Receipts This Page (op	tional)					5	- 7	90.	00
TOTAL This Period (last page this line	number only)					7			

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

			Detailed Summary Page		11a 13		11b	11c 15	12	Г	17
	y information copied from such Reports and for commercial purposes, other than using th				or the		pose of	soliciting	g contrik		ns
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR										
A.	Full Name (Last, First, Middle Initial) David L. Kaufman				Date of	Re	ceipt				
	Mailing Address 7925 Greenside Lane				м м 06		03	L	2016		
	City Worthington	State OH	Zip Code 43235	A			i on ID : \$ Each Re			d	
	FEC ID number of contributing federal political committee.	С					7			0.00	
	Name of Employer	Occupation				mo l [:] Iedu	tem	\$30			
	Motorists Mutual Ins Co Receipt For:	Executive \		``				,			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]							
В.	Full Name (Last, First, Middle Initial) David L. Kaufman	I			Date of	Re	ceipt				
	Mailing Address 7925 Greenside Lane				м м 06	/	D D 17	/ Y	2016	Y	
	City Worthington	State OH	Zip Code 43235	<u> </u>			on ID : S			al.	
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					od 0.00	
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V				mo l edu	tem ction of \$	\$30			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
с.	Full Name (Last, First, Middle Initial) John C. Kessler	I			Date of	Re	ceipt				
	Mailing Address 3910 Caswell Road				м м 06	/	03	/ Y	_ 20 <u>1</u> 6	Y	1
	City Johnstown	State OH	Zip Code 43031				ion ID : S		24955	nd	-
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer	Occupation	1	- [mo l					
	Motorists Mutual Ins. Co.	VP and CIC)	Pa	ayroll d	ledu	iction of	\$20			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		220.00								
s	UBTOTAL of Receipts This Page (optional)				_		3	7	8	0.00	_
Т	OTAL This Period (last page this line number	only)				_	,				

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

			Detailed Summary Page	×	11a		11b	11c	12	
					13		14	15	16	17
	nformation copied from such Reports and S commercial purposes, other than using the									
\ NA	ME OF COMMITTEE (In Full)									
<i>∕</i> М	IOTORISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FUND							
Ful A. Jo	ll Name (Last, First, Middle Initial) ohn C. Kessler				Date of	f Re	ceipt			
	ailing Address 3910 Caswell Road				м м 06	/	D D 17	/ Y	2016	Y
Cit	•	State	Zip Code		Trans	acti	ion ID :	SA11AI.		
	phnstown	OH	43031	_ /	Amoun	t of	Each R	eceipt th	is Period	
	C ID number of contributing deral political committee.	С					,	7	20.	
Na	me of Employer	Occupation		<u>ا</u>		mo li		¢00		
	otorists Mutual Ins. Co.	VP and CIC)	_ P;	ayroll c	uedu	iction of	⊅ ∠U		
Re	Primary General	Aggregate	Year-to-Date ▼							
_	Primary General Other (specify)		240.00							
	II Name (Last, First, Middle Initial) nne B. King				Date of	f Re	ceipt			
Ма	ailing Address 6934 Roundwood Ct.				M M 05		06	/ Y	y y 2016	Y
Cit	•	State	Zip Code			acti		SA11AI.2		
Du	ublin	OH	43016	_ /	Amoun	t of	Each R	eceipt th	is Period	
	C ID number of contributing leral political committee.	С							25.	00
	me of Employer otorists Mutual Ins. Company	Occupation Vice Preside		Pa		mo l Ieduo	Item ction of S	\$25		
Re	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00							
	II Name (Last, First, Middle Initial)				Date of	f Re	ceipt			
Ма	ailing Address 6934 Roundwood Ct.				м м 05		20	/ Y	үүү 2016	Y
City	y ublin	State OH	Zip Code 43016					SA11AL	24881 is Period	
	C ID number of contributing deral political committee.	С					7		25.	_
Na	me of Employer	Occupation		+		mol				
	otorists Mutual Ins. Company	Vice Presid	ent	P	ayroll c	dedu	iction of	\$25		
	ceipt For:	Aggregate	Year-to-Date ▼							
	Primary General									
	Other (specify)		250.00							
SUB	TOTAL of Receipts This Page (optional)						5	- 7	70.	20
тоти	AL This Period (last page this line number	only)								

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

	Detailed Summary Page X 11a 11b 11c 13 14 15							12	17			
Any information copied from such Rep or for commercial purposes, other than				or the		pose		oliciting	g contribu	utions		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL	INSURANCE CO	MPANY CIVIC FUND										
Full Name (Last, First, Middle Initia Anne B. King Mailing Address 6934 Roundwood 0				Y								
				м м 06			03		2016			
City	State OH	Zip Code 43016		Transaction ID : SA11AI.24956 Amount of Each Receipt this Period								
	OIT	43010	A	mount	tof	Eac	h Re	ceipt th	nis Perioc	ł		
FEC ID number of contributing federal political committee.	C			Mar				y		.00		
Name of Employer	Occupation			iyroll d	mo li Iedu		n of \$	25				
Motorists Mutual Ins. Company	Vice Preside			yron u	cuu		1019	20				
Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 275.00										
Full Name (Last, First, Middle Initia Anne B. King)			ate of	Re	ceip	t					
Mailing Address 6934 Roundwood C				м м 06	1		D 17	/ Y	2016	Y		
City	State OH	Zip Code						A11AI.:				
Dublin FEC ID number of contributing federal political committee.	C	43016	Amount of Each Receipt this						.00			
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Preside	nt	Pa	Me yroll d	mo l eduo		of \$	25				
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 300.00										
Full Name (Last, First, Middle Initia Mr. Michael S Lappin)			ate of	Re	ceip	t					
Mailing Address 728 South 29th Str				^M 06	/		D 03	/ Y	2016	Y		
City Manitowoc	State WI	Zip Code 45220						A11AI.		4		
FEC ID number of contributing federal political committee.	C			mouni	t ot	⊧acl	n Re	ceipt th	nis Perioc 20	.00		
Name of Employer	Occupation		- E		mo l							
Wilson Mutual Ins. Co.	V.P. Agency	Operations	Pa	ayroll c	ledu	ictior	n of \$	20				
Receipt For:	Aggregate Y	∕ear-to-Date ▼										
Primary General Other (specify) ▼		220.00										
SUBTOTAL of Receipts This Page (o	• •				_	7		- 7	70.	.00		

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

			Detailed Summary Page		11a		11b		11c		12	
				1	13		14		15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the											
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin				Date of	Re	ceipt					
	Mailing Address 728 South 29th Street				м – м 06	/	D 17		/ Y) 16	Y
	City Manitowoc	State WI	Zip Code 45220	Transaction ID : SA11AI.25034 Amount of Each Receipt this Period 20. Memo Item								
	FEC ID number of contributing federal political committee.	С										0
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agenc	y Operations	P	Mei ayroll d			f \$2	20			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00									
В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ceipt					
	Mailing Address 116 Clarke Lane				м м 05	/	06		/ Y	ү 20	ү 16	Y
	City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.24758 Amount of Each Receipt this Pe								
	FEC ID number of contributing federal political committee.	С			25.0						25.0	0
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.		P	ayroll d	mo l edu		f \$2	25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
с.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ceipt					
	Mailing Address 116 Clarke Lane				м м 05	/	20		/ Y	ү 20	ү 16	Y
	City Hopkinton	State NH	Zip Code 03229		Trans Amount				A11AI.: ceipt thi			
	FEC ID number of contributing federal political committee.	С					,		7	_	25.0	0
	Name of Employer	Occupation				mo l						
	Phenix Mutual Fire Ins. Co.	Sr. V.P.		P	ayroll d	ledu	iction o	f \$2	25			
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)			• -			3		3	-	70.0	0
т	OTAL This Period (last page this line number	only)	••••••	•			7		7			_

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

'			Detailed Summary Page		11a 13		11		11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pos	se of s	oliciting	g contribu	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane				Date o		_	pt	/	Y Y	Y
					06	,	Ľ	03		2016	
	City Hopkinton	State NH	Zip Code 03229						A11AI.		
			03223	_ A	Amoun	t of	Ea	ch Re	ceipt th	nis Perioo	t i
	FEC ID number of contributing federal political committee.	С			Mo	mo l	, Itom				.00
	Name of Employer	Occupation		Pa	avroll o				25		
	Phenix Mutual Fire Ins. Co. Receipt For:	Sr. V.P.		``	ayron c		20110	π σι φ	20		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date o	f Re	ecei	pt			
	Mailing Address 116 Clarke Lane				м м 06	/		17	/ Y	ү ү 2016	Y
	City	State	Zip Code						A11AI.:		
	Hopkinton	NH	03229	A	Moun	t of	Ea	ch Re	ceipt th	nis Perioo	t
	FEC ID number of contributing federal political committee.	С					7		J	25	.00
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.		Pa	Me ayroll c	emo l ledu			25		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
c.	Full Name (Last, First, Middle Initial) Mr. David W. Lemon				Date o	f Re	ecei	pt			
	Mailing Address 345 Southshore Drive				м м 05	/	Ľ	06	/ Y	ү ү 2016	Y
	City Greenback	State TN	Zip Code 37742						A11AI.		
	FEC ID number of contributing federal political committee.	C	51142	A	Amoun	t of	Ea	ch Re		nis Perioo 125	_
		Occurretion		- i	Me	mo l	lten	n	7		
	Name of Employer American Hardware Mutual Ins.	Occupation Director		Pa	ayroll o				125		
	Receipt For:		Year-to-Date ▼	_							
	Primary General	riggregate									
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)						7		7	175	.00
т	OTAL This Period (last page this line number	only)	••••••	. [,				

Image# 201607119020393571

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

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

ITEMIZED RECEIPTS	for each cateo Detailed Sum		×	< 11a 13		11b 14		11c 15	12 16		17	
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CI	VIC FUND									
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc	State WI	Zip Code 54220				/ sacti	ion ID	: S	/ Y A11AI. ceipt th	2016 24769 is Perio	d]
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	C Occupation Director Aggregate	Year-to-Date ▼	315.00	F	Payroll o	mo li dedu		of \$4	45	45	5.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼	360.00		Amoun	t of	2: on ID Each tem	: S/ Red	7	is Perio	d]
Full Name (Last, First, Middle Initial) C. Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼	405.00		Amoun	sacti t of	ion ID Each tem	: S		is Perio	d]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				<u> </u>			5		7	135	5.00	

Image# 201607119020393572

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

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court			Date of Receipt									
	City	State WI	Zip Code	05 20 2016 Transaction ID : SA11AI.24889									
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period									
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director		Payroll deduction of \$45									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 450.00										
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt									
	Mailing Address 2135 Hunters Ridge Court		06 / Y Y Y Y Y 2016										
	City Manitowoc	State WI	Zip Code 54220	Transaction ID : SA11AI.24964 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		45.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	Payroll deduction of \$45									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00										
С.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt									
	Mailing Address 2135 Hunters Ridge Court			06 / D D / Y Y Y Y 2016									
	City Manitowoc	State WI	Zip Code 54220	Transaction ID : SA11AI.25039 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		45.00									
	Name of Employer	Occupation	l	Memo Item Devrell deduction of \$45									
	Motorists Mutual Ins. Co.	Director		Payroll deduction of \$45									
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 540.00										
s	UBTOTAL of Receipts This Page (optional)		•••••	135.00									
Т	OTAL This Period (last page this line number	only)	••••••										

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

		Detailed Summary Page		11a		11b		11c	12	<u> </u>				
Any information copied from such Reports and s	Statements ma	ay not be sold or used by any n	erson f	13 or the	purr	14 pose	ofs	15 oliciting	16 g contribu	1 [:] Itions				
or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)	ANCE CO	MPANY CIVIC FUND)											
Full Name (Last, First, Middle Initial) Marchelle Moore				Date of	Re	eceip	t							
Mailing Address 2717 Gatewood Rd.				05 06 2016 Transaction ID : SA11AI.24774										
City	State	Zip Code												
Columbus	OH	43219	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			25.00										
Name of Employer	Occupation		Memo Item											
Motorists Mutual Insurance Co	Chief Legal	Officer	Payroll deduction of \$25											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
Full Name (Last, First, Middle Initial) _ Marchelle Moore	I			Date of										
Mailing Address 2717 Gatewood Rd.				05 20 2016 Transaction ID : SA11AI.24890										
City	State	Zip Code 43219												
Columbus	OH	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С			25.00										
Name of Employer	Occupation			Memo Item										
Motorists Mutual Insurance Co	Chief Legal	Officer	Pa	ayroll d	edu	ction	of \$	25						
Receipt For: Primary General Other (specify)	Aggregate]												
Full Name (Last, First, Middle Initial) Marchelle Moore			C	Date of	Re	eceip	t							
Mailing Address 2717 Gatewood Rd.				м м 06	/		D 03	/ Y	ү ү 2016	Ŷ				
City Columbus	State OH	Zip Code 43219						6A11AI.						
	OIT	43219	A	mount	t of	Eacl	h Re	ceipt th	nis Perioo	1				
FEC ID number of contributing federal political committee.	С			-		7		7	25	.00				
Name of Employer	Occupation		⊣ [Item	^	05						
Motorists Mutual Insurance Co	Chief Legal	Officer	Pa	ayroll c	iedu	ICTION	101\$	20						
	Aggregate	Year-to-Date ▼												
Other (specify)]												
SUBTOTAL of Receipts This Page (optional)				-		7		5	75	00				

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

			Detailed Summary Page		11a		11b	5 _	11c	12						
An	/ information conied from such Poports and	tatemente mo	y not be sold or used by any n		13		14		15 soliciting	16	17 tions					
	y information copied from such Reports and S for commercial purposes, other than using the															
	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FUND			_										
A.	Full Name (Last, First, Middle Initial) Marchelle Moore			C	Date of Receipt											
	Mailing Address 2717 Gatewood Rd.				м м 06	/	D	17	/ Y	2016	Y					
	City Columbus	State OH	Zip Code 43219						SA11AL							
-				Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		25.00												
	Name of Employer	Occupation		Payroll deduction of \$25												
	Motorists Mutual Insurance Co Receipt For:	Chief Legal														
	Primary General Other (specify)		Year-to-Date ▼ 300.00]												
	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt													
	Mailing Address 4612 Club Dr., Unit 201				04 08 2016											
	City	State	Zip Code					ID : S	6A11AI.2	24778						
-	Port Charlotte	FL	33953	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	50.00													
l	Name of Employer Retired from MIG	Occupation Director		Pa	Mer ayroll de		Item Ictior		50							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]												
С.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	ceip	ot								
	Mailing Address 4612 Club Dr., Unit 201				м м 04	1	D	22	/ Y	y y 2016	Y					
	City Port Charlotte	State FL	Zip Code 33953						SA11AL							
	FEC ID number of contributing federal political committee.	C			Amount	t of	Eac	on Re	eceipt th	is Period 50.	00					
	Name of Employer	Occupation		i -	Mer	no la	ltem	1								
	Retired from MIG	Director		Pa	ayroll d	edu	ictio	n of \$	\$50							
	Receipt For:		Year-to-Date ▼	\neg												
	Primary General Other (specify) ▼		400.00	1												
sı	UBTOTAL of Receipts This Page (optional)			<u> </u>	-	=	-	-	- 1	125.0	00					
т	OTAL This Period (last page this line number	only)		•	_				- 7							

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

		Detailed Summary Page		11a		11b	11c	12							
Any information copied from such Reports an	d Statements ma	y not be sold or used by any p	erson fo	13 or the	purp	14 pose of s	15 soliciting	16 contrib	utions						
or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	MPANY CIVIC FUND	I												
Full Name (Last, First, Middle Initial) A. Thomas C. Ogg				Date of Receipt											
Mailing Address 4612 Club Dr., Unit 201				м м 05	1	06	/ Y	y y 2016	Y						
City Port Charlette	State FL	Zip Code 33953				ion ID : S									
Port Charlotte		JJJJJ	A	Amount	t of	Each Re	eceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	С		50.00 Memo Item												
Name of Employer	Occupation														
Retired from MIG	Director		Payroll deduction of \$50												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00													
Full Name (Last, First, Middle Initial) B. Thomas C. Ogg			Date of Receipt												
Mailing Address 4612 Club Dr., Unit 201				05 20 2016											
City	State	Zip Code				ion ID : S		24892							
Port Charlotte	FL	33953	A	Amount	of	Each Re	eceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	С			50.00											
Name of Employer Retired from MIG	Occupation Director	Pa	Payroll deduction of \$50												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]												
Full Name (Last, First, Middle Initial) C. Thomas C. Ogg				Date of	Re	ceipt									
Mailing Address 4612 Club Dr., Unit 201				м м 06	/	03	/ Y	ү 2016	Y						
City Port Charlotte	State FL	Zip Code				ion ID : S									
Port Charlotte FEC ID number of contributing federal political committee.	C	33953	A	Amount	t of	Each Re	eceipt th		d).00						
				Mer	no ^j	Item	7	_							
Name of Employer	Occupation		Pa			iction of S	\$50								
Retired from MIG Receipt For:	Director		-	,											
Primary General	Aggregate	Year-to-Date ▼													
Other (specify) ▼		550.00	1												
SUBTOTAL of Receipts This Page (optional)			,		_			150).00						
TOTAL This Period (last page this line numb			-	-		0-1	- 7								

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

			Detailed Summary Page		11a		11b		11c	Ц	12					
۸	w information popied from such Departs and	Statomanta re-	w not be cold or used by are -		13 for the		14	f c	15 Diciting		16 atribut	17				
	y information copied from such Reports and S for commercial purposes, other than using the															
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND													
A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	ceipt									
	Mailing Address 4612 Club Dr., Unit 201				м – м 06	/	D 17		/ Y) 016	Y				
	City Port Charlotte	State FL	Zip Code 33953		Trans Amount				A11AI.							
	FEC ID number of contributing federal political committee.	С		50.00												
	Name of Employer Retired from MIG	Occupation Director		P	Mei ayroll d		tem ction c	f \$!	50							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00													
В.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re	ceipt									
	Mailing Address 1026 Loch Ness Avenue						05 06 / Y Y Y Y 2016									
	City Worthington	State OH	Zip Code 43085		Trans Amount				A11AI.2 ceipt th							
	FEC ID number of contributing federal political committee.	С			25.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	Payroll deduction of \$25													
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 225.00														
C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re	ceipt									
	Mailing Address 1026 Loch Ness Avenue				м м 05	/	20		/ Y	20) 16	Y				
	City Worthington	State OH	Zip Code 43085		Trans Amount				A11AL							
	FEC ID number of contributing federal political committee.	С					,		,	_	25.0	0				
	Name of Employer	Occupation					tem									
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	P	ayroll d	ledu	iction c	f \$2	25							
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		250.00													
s	UBTOTAL of Receipts This Page (optional)			•			3		7	_	100.0	0				
т	OTAL This Period (last page this line number	only)					,		3							

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz			Date of Receipt										
Mailing Address 1026 Loch Ness Avenue	State	Zip Code											
Worthington	OH	43085	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation	1	Memo Item										
Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs	Payroll deduction of \$25										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		275.00											
Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz	Randolph A. Rudowicz												
Mailing Address 1026 Loch Ness Avenue													
City	State OH	Zip Code	Transaction ID : SA11AI.25048										
		43085	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	n g Prod & Svs	Payroll deduction of \$25										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name (Last, First, Middle Initial) C. Mr. Robert C. Smith	<u> </u>		Date of Receipt										
Mailing Address 29270 Hampshire Place			04 08 2016										
City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.24807 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		55.00										
Name of Employer	Occupation	1	Memo Item										
Motorists Mutual Ins. Co.	Director		Payroll deduction of \$55										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		385.00											
SUBTOTAL of Receipts This Page (optional)			105.00										
TOTAL This Period (last page this line number													

Image# 201607119020393578

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using the				on for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FU	JND												
A. Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	State	Zip Code	Date of Receipt												
Westlake	OH	44145	F	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			55.00											
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director			Payroll deduction of \$55											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	0												
Full Name (Last, First, Middle Initial) B. Mr. Robert C. Smith				Date of Receipt											
Mailing Address 29270 Hampshire Place				05 / 06 2016											
City Westlake	State OH	Zip Code 44145	-	Transaction ID : SA11AI.24809											
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period											
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1		Payroll deduction of \$55											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00	0												
Full Name (Last, First, Middle Initial) C. Mr. Robert C. Smith				Date of Receipt											
Mailing Address 29270 Hampshire Place				M = M / D = D / Y = Y = Y = Y Y 05 20 2016											
City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.249 Amount of Each Receipt this F												
FEC ID number of contributing federal political committee.	С			55.00											
Name of Employer	Occupation	1		Memo Item											
Motorists Mutual Ins. Co.	Director			Payroll deduction of \$55											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	0												
SUBTOTAL of Receipts This Page (optional)				165.00											
TOTAL This Period (last page this line number															

Image# 201607119020393579

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Si for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place			Date of Receipt									
	City	State	Zip Code	06 03 2016 Transaction ID : SA11AI.24975									
	Westlake	OH	44145	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		55.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Memo Item Payroll deduction of \$55									
	Receipt For:		Year-to-Date ▼	_									
	Primary General Other (specify) ▼	Ayyreyale	605.00										
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt									
	Mailing Address 29270 Hampshire Place			06 17 Y Y Y Y Y Y									
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.25050 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		55.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		Aemo Item Payroll deduction of \$55									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00										
	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt									
	Mailing Address 6900 Kindler Drive			M = M / D = D / Y = Y = Y = Y 05 06 2016									
	City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.24815 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation	I	Memo Item									
	Motorists Mutual Ins. Co.	Sr. VP CL 8	& Affiliate Operations	Payroll deduction of \$25									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		225.00										
s	UBTOTAL of Receipts This Page (optional)		•	135.00									
т	OTAL This Period (last page this line number of	only)	•										

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

		Detailed Summary Page		11a	Ш	11b	11c	12							
				13		14	15	16	17						
Any information copied from such Re or for commercial purposes, other that															
NAME OF COMMITTEE (In Full)	<u> </u>														
MOTORISTS MUTUAL	INSURANCE CC	MPANY CIVIC FUND)												
Full Name (Last, First, Middle Initia Charles D. Stapleton	al)		[Date of	f Re	ceipt									
Mailing Address 6900 Kindler Drive	9			м м 05	/	20	/ Y	ү ү 2016	Y						
City	State	Zip Code		Trans	acti	on ID : S	SA11AL	24904							
New Albany	OH	43054	/	Amount	t of	Each Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C		25.00												
Name of Employer	Occupation		Aemo Item Payroll deduction of \$25												
Motorists Mutual Ins. Co.	Sr. VP CL 8	Affiliate Operations													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		250.00													
Full Name (Last, First, Middle Initia 3. Charles D. Stapleton	al)	Date of Receipt													
Mailing Address 6900 Kindler Drive		06 / D D / Y Y Y Y Y 06 03 2016													
City	State	Zip Code		Trans	acti	on ID : S	A11AI.2	24977							
New Albany	OH	43054	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		25.00 Memo Item Payroll deduction of \$25												
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL &	Affiliate Operations													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]												
Full Name (Last, First, Middle Initia Charles D. Stapleton	al)			Date of	f Re	ceipt									
Mailing Address 6900 Kindler Drive	9			м м 06	/	D D 17	/ Y	ү ү 2016	Y						
City	State	Zip Code		Trans	acti	ion ID : S	SA11AI.	25052							
New Albany	OH	43054	/	Amount	t of	Each Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C				_	/	9	25.	00						
Name of Employer	Occupation				mo l' 										
Motorists Mutual Ins. Co.	Sr. VP CL 8	Affiliate Operations		ayroll c	iedu	ction of S	025								
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		300.00]												
SUBTOTAL of Receipts This Page (optional)					7	- 7	75.	00						
TOTAL This Period (last page this li	ne number only)														

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

			Detailed Summary Page		_		11b		11c	12					
		<u></u>			13		14		15	16	17				
	y information copied from such Reports and the for commercial purposes, other than using the														
<u></u>	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	MOTORISTS MUTUAL INSUR		OMPANY CIVIC FUND												
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson														
	Mailing Address 2060 Maxwell Avenue				M M / D D / Y										
	City	State	Zip Code		Trans	acti	ion ID): S	SA11AL						
-	Lewis Center	OH	43035	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00											
Ī	Name of Employer	Occupation		Payroll deduction of \$25											
	Motorists Mutual Ins. Company	Assist. V. P	•	P	ayroll d	eau	ICTION	01 \$	525						
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		225.00												
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	L			Date of	Re	eceipt								
	Mailing Address 2060 Maxwell Avenue		05 / Y Y Y Y 06 20 2016												
	City	State	Zip Code 43035		Transaction ID : SA11AI.24905										
-	Lewis Center	OH	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	25.00												
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		P	ayroll d			25							
	Receipt For: Primary General Other (specify) ▼]													
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				Date of	Re	eceipt								
	Mailing Address 2060 Maxwell Avenue				м м 06	/	D	D)3	/ Y	у у 2016	Y				
	City	State OH	Zip Code						SA11AL						
-	Lewis Center	ОП	43035	-	Amount	t of	Each	Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7			25.	00				
Ī	Name of Employer	Occupation		┤,			Item	<u>_</u>	205						
	Motorists Mutual Ins. Company	Assist. V. F			Payroll c	ieau	ICTION	01 \$	020						
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		275.00												
รเ	JBTOTAL of Receipts This Page (optional)			- I			7		7	75.	00				
т	OTAL This Period (last page this line number	only)		•			,								

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

			Detailed Summary Page		11a 13		11b 14		11c 15	12	17			
	y information copied from such Reports and for commercial purposes, other than using the				or the		pose of	f sol	iciting	contribu	tions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR													
A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue				Date of		· .		/	V	V			
	City	State	Zip Code	41	06		17	,		2016	Ŷ			
	Lewis Center	OH	43035	A			i on ID : Each F			s Period				
	FEC ID number of contributing federal political committee.	С					-		3	25.				
	Name of Employer	Occupation		Pa			tem ction o	f \$25	5					
	Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Assist. V. P Aggregate	Year-to-Date ▼ 300.00	1	-									
B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger				Date of	Re	ceipt							
	Mailing Address 7105 Lakebrook Blvd.				м м 06	/	03		/ Y	ү ү 2016	Y			
	City Columbus	State OH	Zip Code 43235		Transaction ID : SA11AI.24980									
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside		Pa			tem ction of	f \$20)					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00											
с.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger				Date of	Re	ceipt							
	Mailing Address 7105 Lakebrook Blvd.				м м 06	/	D 17		/ Y	y y 2016	Y			
	City Columbus	State OH	Zip Code 43235				ion ID			5055 Period				
	FEC ID number of contributing federal political committee.	С					1		,	20.	00			
	Name of Employer	Occupation					tem Iction o	.f ¢ つ(n					
	Motorists Mutual Insurance Company Receipt For:	Vice Presid		F 6	ayroll u	leuu		1 JZ	J					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00											
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe				-		5	-	7	65.	00			

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

			Detailed Summary Page		(11a	Ш	11b	11c		12				
		0			13		14	15		16	17			
	ny information copied from such Reports and for commercial purposes, other than using th													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	Re	ceipt							
	Mailing Address 530 Woodmark Run				M M / D D / Y Y Y Y 05 06 2016									
	City Gahanna	State OH	Zip Code 43230											
	FEC ID number of contributing federal political committee.	С					7	7	_	25.0	0			
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP & Chief	Analytics Officer	P				\$25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1										
В.	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	Re	ceipt							
	Mailing Address 530 Woodmark Run			05 06 2016 Transaction ID : SA11AL24829 Amount of Each Receipt this Period 1 25.00 Memo Item Payroll deduction of \$25 05 20 225.00 Date of Receipt 1 05 06 07 225.00 Date of Receipt 1 05 225.00 Date of Receipt 1 1 05 250.00 Date of Receipt 1 1 1 1										
	City Gahanna	State OH	Zip Code 43230											
	FEC ID number of contributing federal political committee.	С												
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP & Chief	Analytics Officer	P				\$25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
C.	Full Name (Last, First, Middle Initial) Robert Weishaar	1			Date of	Re	ceipt							
	Mailing Address 530 Woodmark Run					/		/ Y			Y			
	City Gahanna	State OH	Zip Code 43230											
	FEC ID number of contributing federal political committee.	С					9	,	_	25.0	0			
	Name of Employer	Occupation				mo l								
	Motorists Mutual Ins. Co.	VP & Chief	Analytics Officer	P	ayroll d	ledu	ction of	\$25						
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		275.00											
	UBTOTAL of Receipts This Page (optional)			• -		_	7	7	-	75.0	0			
T	OTAL This Period (last page this line number	only)	••••••	•	_		7							

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

			Detailed Summary Page		11a		111		11c	12				
Any information	a conied from such Descrite	and Ctatements			13		14		15	16	17			
or for commerc	i copied from such Reports ial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	or the licit coi	pur _l ntrib	pos outio	e ot s ons fro	oliciting	contribu	tions ee.			
	COMMITTEE (In Full)	SURANCE CO	MPANY CIVIC FUND)										
Full Name (I A. Robert W	Last, First, Middle Initial) Veishaar				Date of	f Re	ecei	pt						
Mailing Addr	ress 530 Woodmark Run				м м 06	/		17	/ Y	y y 2016	Y			
City		State OH	Zip Code				-		A11AI.:					
Gahanna		OH	43230	_ /	Amount	t of	Ead	ch Reo	ceipt th	is Period				
federal politi	hber of contributing cal committee.	C			_	mo l			7	25.				
Name of Em		Occupation		P	ayroll d				25					
Motorists Mu Receipt For:			Analytics Officer		, u				-					
Primar		Aggregate	Year-to-Date ▼ 300.00]										
Full Name (I B.	Last, First, Middle Initial)				Date of	f Re	eceir	pt						
Mailing Addr	ress				M = M	/		D D	/ Y	ΥΥ	Y			
City		State	Zip Code		Amount	nount of Each Receipt this Period								
	nber of contributing cal committee.	С												
Name of Em	nployer	Occupation			Me	mo l	ltem	า						
Receipt For: Primar Other		Aggregate	Year-to-Date ▼]	-									
Full Name (I C.	Last, First, Middle Initial)				Date of	f Re	eceip	pt						
Mailing Addr	ress				M – M	/		D D	/ Y	YYY	Y			
City		State	Zip Code		Amount	t of	Ead	ch Red	ceipt th	is Period				
	nber of contributing cal committee.	C					,		7					
Name of Em	nployer	Occupation			Me	mo l	ltem	า						
Receipt For: Primar Other		Aggregate	Year-to-Date ▼]										
SUBTOTAL of	f Receipts This Page (optic	nal)					7	_	5	25.	00			
TOTAL This P	Period (last page this line n	umber only)					7	_	7	3185.	40			

	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)						:			PA	GE	36	OF 41	
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page			k only 21b 27		e) 22 28a	×	23 28b	F	24 28c		25 29	26 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANO		MPANY CIVI	C Fl	JN	ID										
Α.	Full Name (Last, First, Middle Initial) Beatty for Congress						[Date o	_	sburse			/	Ý	Y	
	Mailing Address 471 E. Broad Street 11th Floor							04	Ĺ		27			016		
	Columbus	State OH	Zip Code 43215					Trans	nsaction ID : SB23.24631							
	Purpose of Disbursement Contribution			0	11		A	Amoun	t of	Each	D	isburse	men	t this	Period	
	Candidate Name Beatty for Congress			Cate Ty	egoi ype	ry/				,				1000.	00	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	K General				[Me	mo l	tem						
в.	Full Name (Last, First, Middle Initial)						0	Date o	_	D				016	Y	
	Mailing Address 122 C Street, NW, Suite 540 City	State	Zip Code					05			J4		2	010		
	Washington Purpose of Disbursement	DC	20001					Trans	sact	ion ID):	SB23.2	4632	2		
	Contribution Candidate Name			Cate		ry/	A	Amount of Each Disbursement this Perio								
	Senate President	nent For: Primary Other (spe	2016 X General ecify)		/pe		Memo Item									
	State: District: Full Name (Last, First, Middle Initial)															
C.	Mailing Addrose						0	Date o		sburse			Y	Y	Y	
	Mailing Address City	State	Zip Code													
	Purpose of Disbursement			_	_	_										
	Candidate Name		Cate	egoi /pe	ry/	A	Amoun	t of	Each	D	isburse	men	t this	Period		
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General ccify) ▼				Ì	Me	mo l	tem						
Г	State: District:								-	-			-			
s	UBTOTAL of Disbursements This Page (optional)								+	7	_		-	6000.		
Т	OTAL This Period (last page this line number only)									7	_			6000.	00	

	CHEDULE B (FEC Form 3X)				:		PA	GE 37	OF 41								
	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page			only 21b 27	one) 22 28a		23 28b	24 28c	25 X 29	26 30b						
	y information copied from such Reports and Sta for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIV	/IC F	UN	D												
Α.	Full Name (Last, First, Middle Initial) Boggs for Ohio					Date o		burse		YY	Y						
	Mailing Address 545 E. Town St.					06	1	0		2016							
	City Columbus	StateZip CodeOH43215	1			Trans	sactio	on ID	on ID : SB29.24994								
	Purpose of Disbursement			011		Amoun	t of E	Period									
		sement For:	Ca	tegory Type	y/	<u>_</u>		,	7	350	0.00						
	Senate President	Primary General Other (specify)				Me	mo lt	em									
В.	State: District: Full Name (Last, First, Middle Initial) Citizens for Bishoff					Date o	f Dis	burse	ment								
	Mailing Address 545 E. Town Street					м м 05	/	3	D / 1	2016	Y						
	City Columbus	StateZip CodeOH43215				Trans	sactio	on ID	: SB29.2	4922							
	Purpose of Disbursement Contribution					Amoun	t of E	Each	Disburse	ment this	Period						
	Citizens for Bishoff			tegory Type	y/	Ľ		,	7	500	0.00						
	Office Sought: House Disbur Senate President State: District:	sement For: 2016 Primary X General Other (specify) ▼				Me											
С.	Full Name (Last, First, Middle Initial) Citizens for Hottinger					Date o	f Dis										
	Mailing Address 2135 Horns Hill Drive					м м 05	/	D 1(2016	Ŷ						
	City Newark Purpose of Disbursement	StateZip CodeOH43055				Trans	sactio	on ID	: SB29.2	4917							
	Contribution Candidate Name		Ca	tegory	y/	Amoun	Period										
	Citizens for Hottinger Office Sought: House Disbur Senate President State: District:	sement For: 2016 Primary X General Other (specify) ▼		Гуре		Me	mo lte	em									
s	UBTOTAL of Disbursements This Page (optiona	D				_				1850	0.00						
⊢	OTAL This Period (last page this line number o							7	- 7								

I

S	CHEDULE B (FEC Form 3X)	[F	OR	LINE N	IUMBE	R:				PAGE	38	OF 41			
IT	EMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the ummary Page	(c	hec	k only 21b 27	one) 22 28		23		24		25 x 29	26			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					/ perso	n for t	ne pu	irpos	e o	of solici	ting o	contrib	utions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMF	PANY CIVI	C Fl	JN	ID											
Α.	Full Name (Last, First, Middle Initial) Citizens with Ashford						Date	of D		rsei		Y	Y Y	Y			
	Mailing Address 2910 Collingwood Blvd.						06 02 _2016										
	City S Toledo, Purpose of Disbursement		Zip Code 43610				Transaction ID : SB29.24987										
	Campaign Contribution Candidate Name			Γ.			Amount of Each Disbursement this Period										
				Cate T	egor ype		Ľ		7				350	.00			
	Office Sought: House Disburser Senate President Image: Construct to the senate s	nent For: Primary Other (specify	General y) ▼					Memo	ltem	1							
в.	Full Name (Last, First, Middle Initial)				of D				Y	Y Y	Y						
	Mailing Address 14 East Gay Street 2nd Floor						05 / D D / Y Y Y Y 05 10 2016										
	Columbus		Zip Code 43215				Tra	insac	tion	ID	: SB29).249 [,]	8				
	Purpose of Disbursement Contribution						Amo	Period									
	Candidate Name Committee for Jim Hughes Office Sought: House Senate President Disburser	ment For: 20 Primary Other (specifi	X General	Cate	egor ype		500 Memo Item						.00				
	State: District: Full Name (Last, First, Middle Initial)																
C.	Committee for Ron O'Brien						Date	of D		rsei		Y	YY	Y			
	Mailing Address 2931 E. Dublin-Granville Rd Ste 190						0	6		24			2016	_			
	Columbus		Zip Code 43231				Tra	insac	tion	ID	: SB29	.250	61				
	Purpose of Disbursement Campaign contribution Candidate Name		Cate)11 egor ype		Amo	unt o	f Ea	ch I	Disbur	seme	nt this 500	Period				
	Office Sought: House Disburser Senate President District:	ment For: 20 Primary Other (specify	X General		,00			Лето	ltem			<u> </u>					
s	SUBTOTAL of Disbursements This Page (optional)						Ę		7	-			1350	.00			
т	OTAL This Period (last page this line number only))						_	7				_				

SC	CHEDULE B (FEC Form 3X)		FOR LINE	
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	r one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANO	CE COMPANY CIV	IC FUND	
	Full Name (Last, First, Middle Initial) Dewine for Justice			Date of Disbursement
	Mailing Address 211 S. Fifth Street			05 10 _2016
	Columbus	StateZip CodeOH43215		Transaction ID : SB29.24915
	Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
	Candidate Name Dewine for Justice		Category/ Type	2500.00
		ment For: 2016 Primary X General Other (specify) ▼	Type	Memo Item
	State: District:			
	Full Name (Last, First, Middle Initial) Dewine for Justice			Date of Disbursement
	Mailing Address 211 S. Fifth Street			05 31 2016
	Columbus	StateZip CodeOH43215		Transaction ID : SB29.24921
	Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
	Candidate Name Dewine for Justice		Category/ Type	3200.00
		ment For: 2016 Primary X General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address 211 S. Fifth St			05 / D D / Y Y Y Y 05 10 2016
	City S Columbus	StateZip CodeOH43215		Transaction ID : SB29.24916
	Purpose of Disbursement Contribution Candidate Name		Category/	Amount of Each Disbursement this Period
	Friends of Pat Fischer		Туре	2500.00
	Office Sought: House Disburser Senate President State: District:	ment For: 2016 Primary X General Other (specify) ▼		Memo Item
s	UBTOTAL of Disbursements This Page (optional)			8200.00
Т	OTAL This Period (last page this line number only))		

S	CHEDULE B (FEC Form 3X)				JB		UMBER			PA	GE 40	OF 41		
	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	one)					-		
			Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b		
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	nents may ne and add	not be sold or use ress of any politic	ed by al con	any nmit	perso	n for the	purp	ose c	of solicitir	ng contribu	itions		
\backslash	NAME OF COMMITTEE (In Full)													
$ \rangle$	MOTORISTS MUTUAL INSURANCE			C Fl	JN	D								
<u>د</u>	Full Name (Last, First, Middle Initial) Friends of Pat Fischer						Date o	f Dis	burse	ment				
	Mailing Address 211 S. Fifth St						м м 05	/	D 3		2016	Y		
	City S Columbus	State OH	Zip Code 43215				Trans	ransaction ID : SB29.24920						
	Purpose of Disbursement Contribution			_			Amoun	t of I	Each	Disburse	ment this	Period		
	Candidate Name			Cate	eaor	v/		-			0000	00		
	Friends of Pat Fischer				ype	<i>y</i> ,		_	,		3200	00		
	Senate President	nent For: Primary Other (spe	K General				Me	mo lt	em					
	State: District: Full Name (Last, First, Middle Initial)													
В.	Hackett for Ohio						Date o		burse		Y Y Y	V		
	Mailing Address 2050 Palouse Drive						05	/	3		2016			
	London	State OH	Zip Code 43140				Trans	sacti	on ID	: SB29.2	24919			
	Purpose of Disbursement Contribution						Amoun	t of I	Each	Disburse	ment this	Period		
	Candidate Name Hackett for Ohio			Cate		ry/					1000	.00		
			2016	1	ype		Me	mo lt	em					
		Primary Other (spe	Cify) ▼											
_	Full Name (Last, First, Middle Initial)						Date o	f Die	burge	mont				
0.	Harwell PAC							_	Durse		Y Y Y	Y		
	Mailing Address 6213 Charlotte Pike Suite 112						06	Í	29		2016			
	City S Nashville	State TN	Zip Code 37209				Trans	sacti	on ID	: SB29.2	25064			
	Purpose of Disbursement Campaign Contribution			-				_						
	Candidate Name			Cate	egor ype	γ/	Amoun	t of I	Each	Disburse	ment this 1000			
	President	nent For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Me	mo lt	em					
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)						Ľ.		,		5200	.00		
Т	OTAL This Period (last page this line number only)						- L.	_	,	7				

	CHEDULE B (FEC Form 3X)						IMBEF	} :		P	AGE	41	OF 41
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(c	hec	k only 21b	or or	ne) 22		23	24		25	26
		Detailed Summary Page			27		28a		28b	280	×	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam												
\setminus	NAME OF COMMITTEE (In Full)												
	MOTORISTS MUTUAL INSURAN	CE COMPANY CIV	IC Fl	JN	ID								
Δ	Full Name (Last, First, Middle Initial) Portman for Senate						Date of	of Di	shurse	amont			
^ .							M		D		Y Y	Y	Y
	Mailing Address 211 South Fifth St.						06		2	4	_2	016	
	City Solumbus	State Zip Code OH 43215					Tran	sact	ion ID	: SB29.	25063	3	
	Purpose of Disbursement Campaign contribution						A		Feeb	Diekuwa			Devied
	Candidate Name		Cat		n./		Amoui		Each	Disburs	emen	t this	Period
			Cate T	ype	y/		L.,		7		_	500.	00
	Office Sought: House Disburser	ment For: 2016 Primary X General					M	emol	tem				
	President	Other (specify)											
	State: OH District: Full Name (Last, First, Middle Initial)												
B.							Date of	of Di	sburse	ement			
	Mailing Address						M	/	D	D /	Y Y	Y	Y
	City	State Zip Code											
	Purpose of Disbursement			-			•		F	Distant			Devia
	Candidate Name		Cate		o./		Amoui	nt of	Each	Disburs	emen	t this	Period
			T	ype	y/		Ŀ		7		_		
	Office Sought: House Disburser Senate	ment For: Primary General					Me	emo l	tem				
	President	Other (specify)											
	State: District: Full Name (Last, First, Middle Initial)												
C.	run Name (Last, First, Middle Initial)						Date of	of Di	sburse	ement			
	Mailing Address						M	/	D	D /	Y Y	Y	Y
	Mailing Address												
	City	State Zip Code											
	Purpose of Disbursement		-	_	_								
	Candidate Name						Amoui	nt of	Each	Disburs	ement	t this	Period
			Cate T	egoi ype	ry/				,				
	Office Sought: House Disburser Senate	ment For: Primary General					Me	emo l	tem				
	President	Other (specify)											
_	State: District:												
s	UBTOTAL of Disbursements This Page (optional)								40.			500.	00
⊢							—		,		1	7100.	00
ſ	OTAL This Period (last page this line number only))					<u> </u>		7		_		