

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST

Check if different than previously reported. (ACC) COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00336834 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Susan E. Haack

Signature of Treasurer Mrs. Susan E. Haack *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="38811.96"/>	<input type="text" value="38811.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40065.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7964.40"/>	<input type="text" value="16118.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="48029.96"/>	<input type="text" value="54929.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23100.00"/>	<input type="text" value="30000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24929.96"/>	<input type="text" value="24929.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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)

Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: / / To: / /

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
(ii) Unitemized	4779.00	12182.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7964.40	16118.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7964.40	16118.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7964.40	16118.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7964.40	16118.00

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.24633

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

B. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.24634

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

C. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.24635

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.24845

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

B. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24923

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

C. Michael J. Agan
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Life Insurance Compa	Occupation President MLIC
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.24997

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction of \$40

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.24638

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.24846

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

C. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24924

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David R. Benseler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.24998
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction of \$25

B. Mr. Richard B. Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address S86 W33540 Short Drive
 City Mukwonago State WI Zip Code 53149-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.24848
 Amount of Each Receipt this Period **125.00**
 Memo Item
 Payroll deduction of \$125.00

C. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.24662
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction \$25

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24853
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction \$25

B. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.24930
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction \$25

C. Mr. Grady Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25004
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **565.70**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.24717

Amount of Each Receipt this Period **70.10**

Memo Item
Payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **635.80**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.24718

Amount of Each Receipt this Period **70.10**

Memo Item
Payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **730.90**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.24682

Amount of Each Receipt this Period **95.10**

Memo Item
Payroll deduction of \$95.10

SUBTOTAL of Receipts This Page (optional)..... **235.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Larry L. Forrester
 Full Name (Last, First, Middle Initial)
 Mailing Address 9240 Griggs Rd
 City Englewood State FL Zip Code 34224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **851.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.24861
 Amount of Each Receipt this Period **120.10**
 Memo Item
 Payroll deduction of \$120.10

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.24697
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction of \$25

C. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.24866
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional).....	170.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

A. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24941

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

B. Rolf H. Gesen
Full Name (Last, First, Middle Initial)

Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
--------------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation President
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.25015

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

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

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Treasurer and CFO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.24715

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Treasurer and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.24872
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Treasurer and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.24947
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Treasurer and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.25021
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kirk Hennen
Full Name (Last, First, Middle Initial)
Mailing Address 2860 Wynridge Drive

City	State	Zip Code
Grove City	OH	43123

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

Name of Employer	Occupation
Motorists Mutual Insurance Co	AVP, Sales - West Zone

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.24950

Amount of Each Receipt this Period
20.00

Memo Item
Payroll deduction of \$20

B. Kirk Hennen
Full Name (Last, First, Middle Initial)
Mailing Address 2860 Wynridge Drive

City	State	Zip Code
Grove City	OH	43123

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

Name of Employer	Occupation
Motorists Mutual Insurance Co	AVP, Sales - West Zone

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.25024

Amount of Each Receipt this Period
20.00

Memo Item
Payroll deduction of \$20

C. David L. Kaufman
Full Name (Last, First, Middle Initial)
Mailing Address 7925 Greenside Lane

City	State	Zip Code
Worthington	OH	43235

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

Name of Employer	Occupation
Motorists Mutual Ins Co	Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2016

Transaction ID : SA11AI.24738

Amount of Each Receipt this Period
30.00

Memo Item
Payroll deduction of \$30

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.24739

Amount of Each Receipt this Period 30.00

Memo Item
Payroll deduction of \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.24740

Amount of Each Receipt this Period 30.00

Memo Item
Payroll deduction of \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24879

Amount of Each Receipt this Period 30.00

Memo Item
Payroll deduction of \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24954

Amount of Each Receipt this Period

30.00

 Memo Item
 Payroll deduction of \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.25028

Amount of Each Receipt this Period

30.00

 Memo Item
 Payroll deduction of \$30

c. John C. Kessler
Full Name (Last, First, Middle Initial)

Mailing Address 3910 Caswell Road

City Johnstown	State OH	Zip Code 43031
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24955

Amount of Each Receipt this Period

20.00

 Memo Item
 Payroll deduction of \$20

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John C. Kessler
Full Name (Last, First, Middle Initial)

Mailing Address 3910 Caswell Road

City Johnstown State OH Zip Code 43031

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25029

Amount of Each Receipt this Period 20.00

Memo Item
Payroll deduction of \$20

B. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin State OH Zip Code 43016

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.24746

Amount of Each Receipt this Period 25.00

Memo Item
Payroll deduction of \$25

C. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin State OH Zip Code 43016

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24881

Amount of Each Receipt this Period 25.00

Memo Item
Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24956

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

B. Anne B. King
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.25030

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

C. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24959

Amount of Each Receipt this Period
20.00

Memo Item
Payroll deduction of \$20

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Mr. Michael S Lappin
 Full Name (Last, First, Middle Initial)
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25034
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll deduction of \$20

B. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.24758
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

C. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24885
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24960

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.25035

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

C. Mr. David W. Lemon
Full Name (Last, First, Middle Initial)
Mailing Address 345 Southshore Drive

City Greenback	State TN	Zip Code 37742
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.24759

Amount of Each Receipt this Period
125.00

Memo Item
Payroll deduction of \$125

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.24769

Amount of Each Receipt this Period **45.00**

Memo Item
Payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.24770

Amount of Each Receipt this Period **45.00**

Memo Item
Payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.24771

Amount of Each Receipt this Period **45.00**

Memo Item
Payroll deduction of \$45

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24889

Amount of Each Receipt this Period 45.00

Memo Item
Payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.24964

Amount of Each Receipt this Period 45.00

Memo Item
Payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25039

Amount of Each Receipt this Period 45.00

Memo Item
Payroll deduction of \$45

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marchelle Moore
Full Name (Last, First, Middle Initial)
Mailing Address 2717 Gatewood Rd.
City Columbus State OH Zip Code 43219
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co Occupation Chief Legal Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.24774
Amount of Each Receipt this Period 25.00
 Memo Item
Payroll deduction of \$25

B. Marchelle Moore
Full Name (Last, First, Middle Initial)
Mailing Address 2717 Gatewood Rd.
City Columbus State OH Zip Code 43219
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co Occupation Chief Legal Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.24890
Amount of Each Receipt this Period 25.00
 Memo Item
Payroll deduction of \$25

C. Marchelle Moore
Full Name (Last, First, Middle Initial)
Mailing Address 2717 Gatewood Rd.
City Columbus State OH Zip Code 43219
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Co Occupation Chief Legal Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.24965
Amount of Each Receipt this Period 25.00
 Memo Item
Payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Marchelle Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 Gatewood Rd.
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. C
 Name of Employer Motorists Mutual Insurance Co Occupation Chief Legal Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25040
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

B. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired from MIG Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 350.00

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.24778
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction of \$50

c. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired from MIG Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 400.00

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.24779
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction of \$50

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11AI.24780

Amount of Each Receipt this Period
50.00

Memo Item
Payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : SA11AI.24892

Amount of Each Receipt this Period
50.00

Memo Item
Payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.24967

Amount of Each Receipt this Period
50.00

Memo Item
Payroll deduction of \$50

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired from MIG Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.25042
 Amount of Each Receipt this Period **50.00**
 Memo Item
 Payroll deduction of \$50

B. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.24802
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction of \$25

C. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.24900
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.24973
 Amount of Each Receipt this Period
 25.00
 Memo Item
 Payroll deduction of \$25

B. Randolph A. Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Company VP Planning Prod & Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.25048
 Amount of Each Receipt this Period
 25.00
 Memo Item
 Payroll deduction of \$25

C. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.24807
 Amount of Each Receipt this Period
 55.00
 Memo Item
 Payroll deduction of \$55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

Transaction ID : SA11AI.24808

Amount of Each Receipt this Period
55.00

Memo Item
Payroll deduction of \$55

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

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11AI.24809

Amount of Each Receipt this Period
55.00

Memo Item
Payroll deduction of \$55

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

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : SA11AI.24902

Amount of Each Receipt this Period
55.00

Memo Item
Payroll deduction of \$55

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.24975

Amount of Each Receipt this Period
55.00

Memo Item
Payroll deduction of \$55

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

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.25050

Amount of Each Receipt this Period
55.00

Memo Item
Payroll deduction of \$55

c. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.24815

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City	State	Zip Code
New Albany	OH	43054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24904
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Sr. VP CL & Affiliate Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	Payroll deduction of \$25
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City	State	Zip Code
New Albany	OH	43054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24977
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Sr. VP CL & Affiliate Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	Payroll deduction of \$25
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2016"/>
City	State	Zip Code
New Albany	OH	43054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.25052
Name of Employer	Occupation	Amount of Each Receipt this Period
Motorists Mutual Ins. Co.	Sr. VP CL & Affiliate Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	Payroll deduction of \$25
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.24818

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll deduction of \$25

B. Mr. Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.24905

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll deduction of \$25

C. Mr. Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.24978

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25054
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll deduction of \$25

B. Peter A. Weisenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.24980
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll deduction of \$20

C. Peter A. Weisenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.25055
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll deduction of \$20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.24829

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll deduction of \$25

B. Robert Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 20 / 2016**

Transaction ID : SA11AI.24908

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll deduction of \$25

C. Robert Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 530 Woodmark Run

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.24981

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 41
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Robert Weishaar

Mailing Address 530 Woodmark Run

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
Motorists Mutual Ins. Co. VP & Chief Analytics Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2016

Transaction ID : SA11AI.25056

Amount of Each Receipt this Period
25.00

Memo Item
Payroll deduction of \$25

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	3185.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address 471 E. Broad Street
11th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011

Candidate Name

Beatty for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : SB23.24631

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NAMIC PAC

Mailing Address 122 C Street, NW, Suite 540

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SB23.24632

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Boggs for Ohio

Mailing Address 545 E. Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.24994

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Bishoff

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Citizens for Bishoff

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.24922

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 2135 Horns Hill Drive

City Newark State OH Zip Code 43055

Purpose of Disbursement
Contribution

Candidate Name

Citizens for Hottinger

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.24917

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Citizens with Ashford

Full Name (Last, First, Middle Initial)

Mailing Address 2910 Collingwood Blvd.

City Toledo, State OH Zip Code 43610

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 02 / 2016

Transaction ID : **SB29.24987**

Amount of Each Disbursement this Period: 350.00

Memo Item

B. Committee for Jim Hughes

Full Name (Last, First, Middle Initial)

Mailing Address 14 East Gay Street
2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Candidate Name Committee for Jim Hughes

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 10 / 2016

Transaction ID : **SB29.24918**

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Committee for Ron O'Brien

Full Name (Last, First, Middle Initial)

Mailing Address 2931 E. Dublin-Granville Rd
Ste 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement Campaign contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 24 / 2016

Transaction ID : **SB29.25061**

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1350.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dewine for Justice

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Dewine for Justice

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : SB29.24915

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dewine for Justice

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Dewine for Justice

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB29.24921

Amount of Each Disbursement this Period

3200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Pat Fischer

Mailing Address 211 S. Fifth St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Friends of Pat Fischer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2016

Transaction ID : SB29.24916

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Pat Fischer

Mailing Address 211 S. Fifth St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Friends of Pat Fischer

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB29.24920

Amount of Each Disbursement this Period

3200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hackett for Ohio

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

Candidate Name

Hackett for Ohio

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB29.24919

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harwell PAC

Mailing Address 6213 Charlotte Pike Suite 112

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2016

Transaction ID : SB29.25064

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5200.00

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

