PAGE 1 / 47

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Tha	an An Authorized	d Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	=/10	imple: If typing, typer the lines.	² 12FE4M	15
MOTORISTS MUT	UAL INSURAN	CE COMPANY	CIVIC FUND		
	1 1 1 1 1 1				
ADDRESS (number and stre	et) 471 E BROAD	O ST			
Check if different than previously reported. (ACC)	COLUMBUS			ОН	43215
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00336834		3. IS THIS REPORT	NEW (N)	OR AI	MENDED)
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Year-End Rep July 31 Mid-Y Report (Non-e Year Only) (M	port (Q1) port (Q2) port (Q3) port (YE) fear election	E-Election port for the:		(M6) Sep	in the State of
5. Covering Period	10 15	2020		23	2020
I certify that I have examir Type or Print Name of Tre	Moore, March		wledge and belief it	is true, correct an	d complete.
Signature of Treasurer	Moore, Marchelle, , ,		[Electronically Filed]	Date 11	30 2020
	erroneous, or incomple	ete information may su	ubject the person sign	ning this Report to t	he penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

10 15 2020 11 23 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 53044.30 January 1, 2020 (b) Cash on Hand at 28317.30 Beginning of Reporting Period..... 8030.00 29670.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 82714.30 36347.30 6(a) and 6(c) for Column B)..... 39.00 46406.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 36308.30 36308.30 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:	45 0000	To: 11 / 23 / 2020
	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)	7985.00	21685.00
	(ii) Unitemized(iii) TOTAL (add	45.00	7985.00
	Lines 11(a)(i) and (ii)	8030.00	29670.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	8030.00	29670.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))	8030.00	29670.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8030.00	29670.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa I Sai to Bato
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	39.00	39.00
(b) Other Federal Operating	200	447.00
Expenditures(c) Total Operating Expenditures	0.00	117.00
(add 21(a)(i), (a)(ii), and (b))▶	39.00	156.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including	4 4	4 4
Non-Federal Donations)	0.00	46250.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
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))	39.00	46406.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	46367.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Dispursements	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)	8030.00	29670.00		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8030.00	29670.00		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	117.00		
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	117.00		

FOR LINE NUMBER:					PAGE	6	OF	47	
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND					
Full Name of Individual (Last, First, Middle Initial) Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	tial) or Full Organization Name	Date of Receipt				
City Dublin FEC ID number of contributing federal political committee.	D number of contributing					
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) President MLIC Aggregate Year-to-Date ▼ 640.00	Memo Item Payroll Deduction				
Full Name of Individual (Last, First, Middle Init Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State OH 43016 C Occupation (for Individual) President MLIC Aggregate Year-to-Date ▼ 680.00	Date of Receipt 11 09 2020 Transaction ID: SA11Al.30671 Amount of Each Receipt this Period 40.00 Memo Item Payroll Deduction				
Full Name of Individual (Last, First, Middle Inited Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code A3016 C Occupation (for Individual) President MLIC Aggregate Year-to-Date 720.00	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30754 Amount of Each Receipt this Period 40.00 Memo Item Payroll Deduction				
SUBTOTAL of Receipts This Page (optional)	>	120.00				
TOTAL This Period (last page this line number	only)					

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle II Ashcraft, David, , , Mailing Address 1323 Ada Lane City Naperville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary General Other (specify)	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30637 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction	
Full Name of Individual (Last, First, Middle II Ashcraft, David, , , Mailing Address 1323 Ada Lane City Naperville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle III	State Zip Code 60540 C Occupation (for Individual) VP Aggregate Year-to-Date 450,00	Date of Receipt 11 09 2020 Transaction ID: SA11Al.30672 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction
City Naperville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Receipt For: Primary Other (specify)	State Zip Code IL Gos40 C Occupation (for Individual) VP Aggregate Year-to-Date 475.00	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30753 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	······	75.00
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COM	PANY CIVIC FUND				
Full Name of Individual (Last, First, Middle Begley, Jolie, , , Mailing Address 2645 McVey Blvd West	Date of Receipt 10 27 2020					
City	State	Zip Code	Transaction ID : SA11AI.30649			
Columbus	ОН	43235	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Insurance Group	Occupation AVP	on (for Individual)	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V					
Full Name of Individual (Last, First, Middle Begley, Jolie, , , Mailing Address 2645 McVey Blvd West	Date of Receipt					
City	State	Zip Code	11 09 2020			
Columbus	OH	43235	Transaction ID : SA11AL30713 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		15.00			
Name of Employer (for Individual) Motorists Insurance Group	Occupati AVP	on (for Individual)	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 255.00				
Full Name of Individual (Last, First, Middle Begley, Jolie, , ,	Initial) or Full Organi	ization Name	Date of Receipt			
Mailing Address 2645 McVey Blvd West			11 23 2020			
City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.30752			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) Motorists Insurance Group	Occupation AVP	on (for Individual)	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 270.00				
SUBTOTAL of Receipts This Page (optional)			45.00			
TOTAL This Period (last page this line numb	er only)					

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Benintendi, Jeff, , , Date of Receipt Mailing Address 5658 Tynecastle Loop 2020 10 City State Zip Code Transaction ID: SA11AI.30646 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Insurance Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Benintendi, Jeff, , , Date of Receipt Mailing Address 5658 Tynecastle Loop 11 2020 City State Zip Code Transaction ID: SA11AI.30712 Dublin OH 43016 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Insurance Payroll Deduction **EVP** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1050.00

Full Name of Individual (Last, First, Middle In Benintendi, Jeff, , ,	itial) or Full Orga	nization Name	Date of Receipt
Mailing Address 5658 Tynecastle Loop	11 23 2020		
City	State	Zip Code	Transaction ID : SA11AI.30751
Dublin	ОН	43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Motorists Insurance	EVP		Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1150.00	
NIDTOTAL of Descints This Daws (autional)			300.00

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CON	MPANY CIVIC FUND	
Α.	Mailing Address 5300 Snider Loop City New Albany	State OH	Zip Code 43054	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30624 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼		ation (for Individual) Marketing ear-to-Date ▼ 255.00	Memo Item Payroll Deduction
В.	Full Name of Individual (Last, First, Middle Initial Bills, Alissa, , , Mailing Address 5300 Snider Loop City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) Other (specify)	State OH C	Zip Code 43054 ation (for Individual)	Date of Receipt 11 09 2020 Transaction ID: SA11AI.30711 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
С.	Full Name of Individual (Last, First, Middle Initial Bills, Alissa, , , Mailing Address 5300 Snider Loop City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State OH C	Zip Code 43054 ation (for Individual) larketing	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30750 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u>^</u>	45.00

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bright, Jon, A., Mr., Date of Receipt Mailing Address 4915 Norfolk Place 2020 10 City State Zip Code Transaction ID: SA11AI.30639 IΑ Bettendorf 52722 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Iowa Mutual Ins. Co. Sr. V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bright, Jon, A., Mr., Date of Receipt Mailing Address 4915 Norfolk Place 11 2020 City State Zip Code Transaction ID: SA11AI.30709 Bettendorf IΑ 52722 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Iowa Mutual Ins. Co. Payroll Deduction Sr. V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 C.

Full Name of Individual (Last, First, Middle Ir Bright, Jon, A., Mr.,	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4915 Norfolk Place			11 23 2020
City	State	Zip Code	Transaction ID : SA11AI.30748
Bettendorf	IA	52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		15.00	
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Iowa Mutual Ins. Co.	Sr. V	.P.	Payroll Deduction
Receipt For: Primary General Other (specify)			

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

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

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	nd Statements may not be sold or used by any part the name and address of any political committe	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND)
Full Name of Individual (Last, First, Middle Brock, Thomas, J., , Mailing Address 60 E. Spring St. #326	e Initial) or Full Organization Name	Date of Receipt
		10 27 2020
City	State Zip Code OH 43215	Transaction ID : SA11AI.30668
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Mutual Ins Co	Asst. VP	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Brock, Thomas, J., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 60 E. Spring St. #326		11 09 2020
City	State Zip Code	Transaction ID : SA11AI.30708
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Motorists Mutual Ins Co	Occupation (for Individual) Asst. VP	Memo Item Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Brock, Thomas, J., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 60 E. Spring St. #326		11 23 2020
City	State Zip Code OH 43215	Transaction ID : SA11AI.30747
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Mutual Ins Co	Asst. VP	Payroll Deduction
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	270.00	
SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line num	ber only)	

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	the name and add	ress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Campbell, Grady, , Mr., Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State OH	Zip Code 43021 ation (for Individual) Marketing Services & PL	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30640 Amount of Each Receipt this Period 50.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Campbell, Grady, , Mr., Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State OH C	Zip Code 43021 ation (for Individual) Marketing Services & PL	Date of Receipt 11 09 2020 Transaction ID : SA11AI.30707 Amount of Each Receipt this Period 50.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle Campbell, Grady, , Mr., Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State OH C	Zip Code 43021 ation (for Individual) Marketing Services & PL	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30746 Amount of Each Receipt this Period 50.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional			150.00

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	Statements may not be sold or used by any per- ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	RANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation (for Individual)	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30631 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle In Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle In	State Zip Code OH 43230 C Occupation (for Individual) Assistant Vice President Life Adm. Aggregate Year-to-Date ▼ 270,00	Date of Receipt M M M / D D / 2020 Transaction ID: SA11Al.30706 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation (for Individual) Assistant Vice President Life Adm. Aggregate Year-to-Date 285.00	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30745 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	·····	45.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Craig, Kevin, J., , Mailing Address 34 Chestnut Dr. City Huntington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Natural Resource Partners Receipt For: Primary General Other (specify)	Date of Receipt 11 17 2020 Transaction ID: SA11AI.30619 Amount of Each Receipt this Period 1000.00 Memo Item Payroll Deduction	
Full Name of Individual (Last, First, Middle Eppley, Jason, M, Mr., Mailing Address 7918 Brianna Drive City Blacklick FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For: Primary General Other (specify)	State Zip Code OH 43004 C Occupation (for Individual) AVP, Commercial Production & Service Aggregate Year-to-Date ▼ 255.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Eppley, Jason, M, Mr., Mailing Address 7918 Brianna Drive City Blacklick FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For: Primary General Other (specify)	State Zip Code OH 43004 C Occupation (for Individual) AVP, Commercial Production & Services Aggregate Year-to-Date 270.00	Date of Receipt 11 09 2020 Transaction ID: SA11AI.30705 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1030.00
TOTAL This Period (last page this line number	er only)	

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	NCE COM	IPANY CIVIC FUND					
١.	Full Name of Individual (Last, First, Middle Initial Eppley, Jason, M, Mr., Mailing Address 7918 Brianna Drive	or Full Orga	nization Name	Date of Receipt				
	City	State	Zip Code	11 23 2020 Transaction ID : SA11AI.30744				
	Blacklick	OH	43004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer (for Individual) Motorists Mutual Insurance Co		tion (for Individual) commercial Production & Service	Memo Item Payroll Deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 285.00					
3.	Full Name of Individual (Last, First, Middle Initial Fallen, Hope, , , Mailing Address 2642 Blue Lick Rd.	or Full Orga	nization Name	Date of Receipt				
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.30641 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	y III						
	Name of Employer (for Individual) Motorists Insurance Group	Occupa AVP	ition (for Individual)	Memo Item Payroll Deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 425.00					
).	Full Name of Individual (Last, First, Middle Initial Fallen, Hope, , ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 2642 Blue Lick Rd.	Ctata	7in Code	11 09 2020				
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.30704 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer (for Individual) Motorists Insurance Group	Occupa AVP	tion (for Individual)	Memo Item Payroll Deduction				
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 450.00					
S	UBTOTAL of Receipts This Page (optional)		>	65.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fallen, Hope, , , Date of Receipt Mailing Address 2642 Blue Lick Rd. 2020 11 City Zip Code State Transaction ID: SA11AI.30743 WV Winfield 25213 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AVP** Payroll Deduction Motorists Insurance Group Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fee, Jeffrey, S,, Date of Receipt Mailing Address 537 Courtright Court 10 2020 City State Zip Code Transaction ID: SA11AI.30644 Pickerington OH 43147 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Payroll Deduction Asst Vice President Commercial Lines Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255,00

Other (specify) \		233.00	
Full Name of Individual (Last, First, Middle Ir Fee, Jeffrey, $S,\ ,$	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 537 Courtright Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.30703
Pickerington	OH	43147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Motorists Mutual Ins. Co.	Asst \	/ice President Commercial Lines	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 270.00	
			55.00

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fee, Jeffrey, S,, Date of Receipt Mailing Address 537 Courtright Court 2020 11 City State Zip Code Transaction ID: SA11AI.30742 Pickerington OH 43147 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Asst Vice President Commercial Lines Payroll Deduction Motorists Mutual Ins. Co. Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Feldner, Cynthia, , , Date of Receipt Mailing Address 5367 Stotlz Ave 10 2020 City State Zip Code Transaction ID: SA11AI.30634 OH Groveport 43125 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Payroll Deduction **AVP Accounting** Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼		255.00	
Full Name of Individual (Last, First, Middle In Feldner, Cynthia, , , Mailing Address 5367 Stotlz Ave	itial) or Full Or	ganization Name	Date of Receipt 11 09 2020
City	State	Zip Code	Transaction ID : SA11AI.30702
Groveport	ОН	43125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Motorists Mutual Ins. Co.	AVP	Accounting	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 270.00	
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Feldner, Cynthia, , , Date of Receipt Mailing Address 5367 Stotlz Ave 2020 11 City Zip Code State Transaction ID: SA11AI.30741 OH Groveport 43125 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. **AVP** Accounting Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flaherty, Thomas, , , Date of Receipt Mailing Address 109 Capital St. Suite 1100 17 2020 11 City State Zip Code Transaction ID: SA11AI.30614 Charleston WV 25301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Encova Board of Directors Payroll Deduction Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fullenkamp, Joseph, P., Date of Receipt Mailing Address 3123 Summit Street 10 2020 City State Zip Code Transaction ID: SA11AI.30647 OH Columbus 43202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Insurance Co. Asst VP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional).....

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fullenkamp, Joseph, P,, Date of Receipt Mailing Address 3123 Summit Street 2020 11 09 City State Zip Code Transaction ID: SA11AI.30701 Columbus OH 43202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co. Asst VP Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fullenkamp, Joseph, P,, Date of Receipt Mailing Address 3123 Summit Street 11 2020 City State Zip Code Transaction ID: SA11AI.30740 Columbus OH 43202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co. Payroll Deduction Asst VP

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle In Gandee, Stephen, , , Mailing Address 96 Pleasant Colony Dr	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.30662
Evans	WV 25241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Brickstreet Insurance	AVP	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
UBTOTAL of Receipts This Page (optional)	>	45.00

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CON	MPANY CIVIC FUND	
A.	Full Name of Individual (Last, First, Middle Initia Gandee, Stephen, , , Mailing Address 96 Pleasant Colony Dr City	State	Zip Code	Date of Receipt 11 09 2020 Transaction ID: SA11AI.30700
	Evans FEC ID number of contributing federal political committee. Name of Employer (for Individual) Brickstreet Insurance Receipt For: Primary General Other (specify) ▼	Occup. AVP Aggregate Ye	ation (for Individual) ear-to-Date ▼ 255.00	Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
В.	Full Name of Individual (Last, First, Middle Initia Gandee, Stephen, , , Mailing Address 96 Pleasant Colony Dr City Evans FEC ID number of contributing federal political committee. Name of Employer (for Individual) Brickstreet Insurance Receipt For: Primary General Other (specify) Other (specify)	State WV	Zip Code 25241 ation (for Individual)	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30739 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
c.	Full Name of Individual (Last, First, Middle Initial Gilmore, Amy, , , , Mailing Address 3500 Leap Rd. City Hilliard FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify)	State OH	Zip Code 43026 ation (for Individual)	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30626 Amount of Each Receipt this Period 25.00 Memo Item Payroll Deduction
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			55.00

Motorists Insurance Group

General

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Payroll Deduction

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Other (specify) ▼	4	475.00	
Full Name of Individual (Last, First, Middle In Griffin, Archie, , , Mailing Address 6845 Temperance Point Place		anization Name	Date of Receipt
City	State	Zip Code	11 17 2020 Transaction ID : SA11AI.30616
Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occup	ation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 750.00	
NIDTOTAL of Bassista This Bass (autisms)			300.00

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guanciale, Dino, , , Date of Receipt Mailing Address 4819 St. Andrews Circle 2020 City Zip Code State Transaction ID: SA11AI.30638 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Asst. VP Motorists Mutual Ins Co. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Guanciale, Dino, , , Date of Receipt Mailing Address 4819 St. Andrews Circle 2020 11 City State Zip Code Transaction ID: SA11AI.30698 Westerville OH 43082 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins Co. Payroll Deduction Asst. VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Guanciale, Dino, , , Date of Receipt Mailing Address 4819 St. Andrews Circle 23 2020 City State Zip Code Transaction ID: SA11AI.30737 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins Co. Asst. VP Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC	FUND
Full Name of Individual (Last, First, Middle In Hall, Marc S., , , Mailing Address 5999 Lane Road	itial) or Full Organization Name	Date of Receipt 10 27 2020
City	State Zip Code	10 27 2020 Transaction ID : SA11Al.30651
Centerburg	OH 43011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Mutual Ins. Company	Assist. V. P.	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240	0.00
Full Name of Individual (Last, First, Middle In Hall, Marc S., , , Mailing Address 5999 Lane Road	itial) or Full Organization Name	Date of Receipt
Maining Address 2999 rane Koad		11 09 2020
City	State Zip Code	Transaction ID : SA11Al.30697
Centerburg	OH 43011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
Full Name of Individual (Last, First, Middle In Hall, Marc S., , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 5999 Lane Road		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Centerburg	State Zip Code OH 43011	Transaction ID : SA11AI.30735
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Mutual Ins. Company	Assist. V. P.	Payroll Deduction
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	27	0.00
SUBTOTAL of Receipts This Page (optional)		45.00
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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harbrecht, Sandra, , , Date of Receipt Mailing Address 10 North Hight Street 2020 11 17 City Zip Code State Transaction ID: SA11AI.30617 OH Columbus 43215 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Director Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Henderson, Thomas, J., , Date of Receipt Mailing Address 9725 Wagonwood Drive 10 2020 City State Zip Code Transaction ID: SA11AI.30645 OH Pickerington 43147 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Payroll Deduction Assist. V. P., Claims Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Henderson, Thomas, J., , Date of Receipt Mailing Address 9725 Wagonwood Drive 09 2020 City Zip Code State Transaction ID: SA11AI.30696 OH Pickerington 43147 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Co. Assist. V. P., Claims Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 1030.00 SUBTOTAL of Receipts This Page (optional).....

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUND	
Α.	Full Name of Individual (Last, First, Middle Initial Henderson, Thomas, J., , Mailing Address 9725 Wagonwood Drive	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.30734
	Pickerington	ОН	43147	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer (for Individual)		ation (for Individual)	Memo Item
	Motorists Mutual Ins. Co.	Assist	. V. P., Claims	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Howat, James, Christopher, ,		anization Name	Date of Receipt
	Mailing Address 250 Daniel Burnham Sq Unit 50			10 27 2020
	City	State	Zip Code	Transaction ID : SA11AI.30632
	Columbus	ОП	43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Motorists Insurance	Occup EVP	ation (for Individual)	Memo Item Payroll Deduction
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify) ▼		900.00	
С .	Full Name of Individual (Last, First, Middle Initial Howat, James, Christopher, ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 250 Daniel Burnham Sq Unit 50)4		11 09 / Y Y Y Y Y
	City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30695 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) Motorists Insurance	Occup EVP	ation (for Individual)	Memo Item Payroll Deduction
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		950.00	
H	SUBTOTAL of Receipts This Page (optional)			115.00

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may note that name and address	ot be sold or used by any poss of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE COM	PANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Howat, James, Christopher, , Mailing Address 250 Daniel Burnham Sq Un		nization Name	Date of Receipt
City	Ciata	Zin Codo	11 23 2020
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30733
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Motorists Insurance Receipt For:	EVP	ion (for Individual)	Memo Item Payroll Deduction
Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Huntington, Henry, L, , Mailing Address 7290 Pleasant Street	Initial) or Full Orgar	nization Name	Date of Receipt
City Loudon	State NH	Zip Code 03307	Transaction ID : SA11AI.30622 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Phenix Mutual	Occupat Director	tion (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle). Jeffers, Dan, E., Mr.,	Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 6401 Rossmore Lane	la:		10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.30636
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Motorists Mutual Ins Company	Occupat Assist. V	ion (for Individual) /. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional).			1065.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation (for Individual) Assist. V. P. Aggregate Year-to-Date 270.00	Date of Receipt 11 09 2020 Transaction ID: SA11AI.30693 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle In Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code 43110 C	Date of Receipt 11 23 2020 Transaction ID: SA11AI.30732 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
Full Name of Individual (Last, First, Middle In Kaufman, David L., , , Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation (for Individual) Executive VP & COO Aggregate Year-to-Date 1100.00	Date of Receipt 11 17 2020 Transaction ID: SA11AI.30620 Amount of Each Receipt this Period 500.00 Memo Item Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	>	530.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CON	MPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Ir Kessler, John C., , , Mailing Address 3910 Caswell Road	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	10 27 2020
Johnstown	OH	43031	Transaction ID : SA11AI.30648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupa VP and	ation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle Ir Kessler, John C., , , Mailing Address 3910 Caswell Road	nitial) or Full Orga	anization Name	Date of Receipt
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.30691 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupa VP and	ation (for Individual) d CIO	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 340.00	
Full Name of Individual (Last, First, Middle In Kessler, John C., , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 3910 Caswell Road	Stata	7in Codo	11 23 2020
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.30731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupa VP and	ation (for Individual) I CIO	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		·····	60.00
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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name King, Teresa M., , , Date of Receipt Mailing Address 1139 Tidewater Court 2020 City Zip Code State Transaction ID: SA11AI.30665 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Assist. V. P. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** King, Teresa M., , , Date of Receipt Mailing Address 1139 Tidewater Court 2020 11 City State Zip Code Transaction ID: SA11AI.30690 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Co. Payroll Deduction Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 355.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. King, Teresa M., , , Date of Receipt Mailing Address 1139 Tidewater Court 23 2020 City Zip Code State Transaction ID: SA11AI.30730 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Co. Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General 395.00 Other (specify)

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COM	IPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle I Lawrence, Todd, , Mr., Mailing Address 116 Clarke Lane	nitial) or Full Orga	nization Name	Date of Receipt
Maining Address 110 Clarke Lane			10 27 2020
City	State	Zip Code	Transaction ID : SA11AI.30667
Hopkinton	NH	03229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Phenix Mutual Fire Ins. Co.	Payroll Deduction		
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name of Individual (Last, First, Middle I Lawrence, Todd, , Mr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 116 Clarke Lane			11 09 2020
City	State	Zip Code	Transaction ID : SA11AI.30689
Hopkinton	NH	03229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupa Sr. V.P	tion (for Individual)	Memo Item Payroll Deduction
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	, 425.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 116 Clarke Lane			11 23 2020
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.30729
·	1411	00223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item Payroll Deduction
Phenix Mutual Fire Ins. Co. Receipt For:	Sr. V.P.		a ayron Deduction
Primary General	Aggregate Yea	ม-เบ-⊔ate ▼	
Other (specify)		450.00	
SUBTOTAL of Receipts This Page (optional)			75.00
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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lisi, Michael, , , Date of Receipt Mailing Address 6740 Callaway Court 2020 City Zip Code State Transaction ID: SA11AI.30656 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Assist. V. P. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lisi, Michael, , , Date of Receipt Mailing Address 6740 Callaway Court 2020 11 City State Zip Code Transaction ID: SA11AI.30688 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Payroll Deduction Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Lisi, Michael, , , Date of Receipt Mailing Address 6740 Callaway Court 23 2020 City State Zip Code Transaction ID: SA11AI.30728 OH Westerville 43082 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Company Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Marshall, Brandon, , , Date of Receipt Mailing Address 74 Cassidy Dr. 2020 10 City Zip Code State Transaction ID: SA11AI.30629 WV Winfield 25213 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brickstreet Insurance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Marshall, Brandon, , , Date of Receipt Mailing Address 74 Cassidy Dr. 2020 11 City State Zip Code Transaction ID: SA11AI.30687 WV Winfield 25213 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brickstreet Insurance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Marshall, Brandon, , , Date of Receipt Mailing Address 74 Cassidy Dr. 23 2020 City Zip Code State Transaction ID: SA11AI.30727 WV Winfield 25213 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Brickstreet Insurance Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full)	ANCE COMPANY CIVIC FUND				
Full Name of Individual (Last, First, Middle In McGee, Bill, , , Mailing Address 48 E. Frankfort St.	nitial) or Full Organization Name	Date of Receipt			
		10 27 2020			
City	State Zip Code	Transaction ID : SA11AI.30628			
Columbus	OH 43206	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Motorists Insurance					
Receipt For:	Aggregate rear-to-bate v				
Primary General Other (specify) ▼	680.00				
Full Name of Individual (Last, First, Middle In McGee, Bill, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 48 E. Frankfort St.		11 09 2020			
City	State Zip Code	Transaction ID : SA11AI.30686			
Columbus	OH 43206	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP	Memo Item Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00				
Full Name of Individual (Last, First, Middle In McGee, Bill, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 48 E. Frankfort St.		11 23 2020			
City Columbus	State Zip Code OH 43206	Transaction ID : SA11AI.30726			
FEC ID number of contributing federal political committee.	C 43200	Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP	Memo Item Payroll Deduction			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	760.00				
SUBTOTAL of Receipts This Page (optional)	•	120.00			
TOTAL This Period (last page this line number	only)				

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Marchelle, , , Date of Receipt Mailing Address 2717 Gatewood Rd. 2020 10 City State Zip Code Transaction ID: SA11AI.30652 OH Columbus 43219 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co Chief Legal Officer Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 445.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Moore, Marchelle, , , Date of Receipt Mailing Address 2717 Gatewood Rd. 11 2020 City State Zip Code Transaction ID: SA11AI.30685 Columbus OH 43219 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Insurance Co Payroll Deduction Chief Legal Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 485.00

	-	4			
Full Name of Individual (Last, First, Middle Ir Moore, Marchelle, , ,	Date of Receipt				
Mailing Address 2717 Gatewood Rd.	11 23 7 2020				
City	State	Zip Code	Transaction ID : SA11AI.30725		
Columbus	ОН	43219	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item		
Motorists Mutual Insurance Co	Chief	Legal Officer	Payroll Deduction		
Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-to-Date V				

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Myles, Leslie, , , Mailing Address 306 Schall Place	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	10 27 2020 Transaction ID : SA11AI.30650
Commercial Point	OH 43116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In Myles, Leslie, , , Mailing Address 306 Schall Place	itial) or Full Organization Name	Date of Receipt
City Commercial Point	State Zip Code OH 43116	11 09 2020 Transaction ID : SA11AI.30684
FEC ID number of contributing federal political committee.	C 43116	Amount of Each Receipt this Period
Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle In Myles, Leslie, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 306 Schall Place		11 23 2020
City Commercial Point	State Zip Code OH 43116	Transaction ID : SA11AI.30724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)	•	45.00
TOTAL This Period (last page this line number	only)	

FEC ID number of contributing

Name of Employer (for Individual)

federal political committee.

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 2020 City State Zip Code Transaction ID: SA11AI.30666 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) President Motorists Insurance Group Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 11 2020 City State Zip Code Transaction ID: SA11AI.30683 Dublin OH 43016 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Insurance Group Payroll Deduction President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Obrokta, TJ, , , Date of Receipt Mailing Address 8810 Ventura Way 23 2020 City State Zip Code Transaction ID: SA11AI.30723 OH Dublin 43016 Amount of Each Receipt this Period

Motorists Insurance Group	President	Payroll Deduction									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00										
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Occupation (for Individual)

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50.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peacock, Mark, , Mr., Date of Receipt Mailing Address 4460 Swenson Street 2020 10 City State Zip Code Transaction ID: SA11AI.30653 Hilliard OH 43026 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Company Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Peacock, Mark, , Mr., Date of Receipt Mailing Address 4460 Swenson Street 11 2020 City State Zip Code Transaction ID: SA11AI.30682 Hilliard OH 43026 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Payroll Deduction Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00

	4	4 4					
Full Name of Individual (Last, First, Middle I Peacock, Mark, , Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peacock, Mark, , Mr.,						
Mailing Address 4460 Swenson Street	Mailing Address 4460 Swenson Street						
City	State	Zip Code	Transaction ID : SA11AI.30722				
Hilliard	ОН	43026	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
Motorists Mutual Ins. Company	Assist.	V. P.	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 270.00					
SUBTOTAL of Receipts This Page (optional)			45.00				

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUE	RANCE COM	PANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Puchala, Damian, , , Mailing Address 325 Olenview Circle	Initial) or Full Organ	ization Name	Date of Receipt
	1		10 27 2020
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30635
	J11	7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual)	Occupati	ion (for Individual)	Memo Item
Motorists Mutual Ins. Company	Assist. V	/. P.	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle B. Puchala, Damian , , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 325 Olenview Circle	lou-:	7'm Oada	11 09 7 2020
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupati Assist. \	ion (for Individual) /. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle Puchala, Damian, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 325 Olenview Circle			11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30720
FEC ID number of contributing federal political committee.	С	-5000	Amount of Each Receipt this Period
Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupati Assist. V	ion (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year		
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rader, David, , , Date of Receipt Mailing Address 2452 SW 50th St. 2020 11 17 City Zip Code State Transaction ID: SA11AI.30618 FL Gainesville 32608 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Encova Insurance **Board Member** Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rudowicz, Randolph A., , , Date of Receipt Mailing Address 1026 Loch Ness Avenue 10 2020 City State Zip Code Transaction ID: SA11AI.30658 Worthington OH 43085 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Motorists Mutual Ins. Company Payroll Deduction VP Planning Prod & Svs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rudowicz, Randolph A., , , Date of Receipt Mailing Address 1026 Loch Ness Avenue 09 2020 City Zip Code State Transaction ID: SA11AI.30679 OH Worthington 43085 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Motorists Mutual Ins. Company VP Planning Prod & Svs Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COM	MPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle I Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue	nitial) or Full Orga	anization Name	Date of Receipt
0.1	6	7:- 0-1-	11 23 2020
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.30719
FEC ID number of contributing federal political committee.	С	10000	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	VP Pla	ation (for Individual)	Memo Item Payroll Deduction
Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I Slattery, Austin, , , Mailing Address 734 Prairie Run Dr.	nitial) or Full Orga	anization Name	Date of Receipt
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.30627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupa Assista	ation (for Individual) ant VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle I Slattery, Austin, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 734 Prairie Run Dr. City	State	Zip Code	11
Sunbury	OH	43074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupa Assista	ation (for Individual) ant VP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)			55.00
TOTAL This Period (last page this line number	er only)		

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\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	NCE COM	PANY CIVIC FUND	
۱.	Full Name of Individual (Last, First, Middle Initial Slattery, Austin, , , Mailing Address 734 Prairie Run Dr.) or Full Orgar		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sunbury FEC ID number of contributing federal political committee.	State OH	Zip Code 43074	Transaction ID : SA11AI.30718 Amount of Each Receipt this Period 15.00
	Name of Employer (for Individual) Motorists Mutual Ins Co. Receipt For: Primary General Other (specify) ▼	ion (for Individual) nt VP ur-to-Date ▼ 285.00	Memo Item Payroll Deduction	
3.	Full Name of Individual (Last, First, Middle Initial Smithers, Ralph W., , , Jr. Mailing Address 6418 Summers Nook Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C	Zip Code 43054 tion (for Individual)	Date of Receipt 10 27 2020 Transaction ID: SA11AI.30657 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
.	Full Name of Individual (Last, First, Middle Initial Smithers, Ralph W., , , Jr. Mailing Address 6418 Summers Nook Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C	Zip Code 43054 ion (for Individual)	Date of Receipt 11 09 2020 Transaction ID: SA11AI.30677 Amount of Each Receipt this Period 15.00 Memo Item Payroll Deduction
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	45.00
T	OTAL This Period (last page this line number only	y)	·····	

Brickstreet Insurance

Primary

Other (specify)

General

Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smithers, Ralph W., , , Jr. Date of Receipt Mailing Address 6418 Summers Nook Drive 2020 11 City Zip Code State Transaction ID: SA11AI.30717 OH New Albany 43054 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP MAX Service** Motorists Mutual Ins. Company Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Walz, Chris, , , Date of Receipt Mailing Address PO Box 832 10 2020 City State Zip Code Transaction ID: SA11AI.30633 WV Hurricane 25526 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brickstreet Insurance Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Walz, Chris, , , Date of Receipt Mailing Address PO Box 832 09 2020 City Zip Code State Transaction ID: SA11AI.30676 WV Hurricane 25526 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

SUBTOTAL of Receipts This Page (optional)		Ξ		,			,		55	5.00	
TOTAL This Period (last page this line number	only)	Ξ	_	7	_	_	7	Ξ		-	
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360.00

AVP

Aggregate Year-to-Date ▼

Payroll Deduction

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle In Walz, Chris, , , Mailing Address PO Box 832	itial) or Full Organization Name	Date of Receipt
	Tay of	11 23 2020
City Hurricane	State Zip Code WV 25526	Transaction ID : SA11AI.30716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Brickstreet Insurance	AVP	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name of Individual (Last, First, Middle In White, Steven, , , Mailing Address 700 Chappell Rd.	itial) or Full Organization Name	Date of Receipt
		11 17 2020
City	State Zip Code WV 25304	Transaction ID : SA11AI.30615
Charleston	WV 25304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Encova Insurance	Occupation (for Individual) Board Member	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle In Wieland, Steve, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 2811 Deverell Dr		10 27 2020
City Blacklick	State Zip Code OH 43004	Transaction ID : SA11AI.30664
FEC ID number of contributing federal political committee.	C 43004	Amount of Each Receipt this Period
Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) AVP	Memo Item Payroll Deduction
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	240.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	285.00
TOTAL This Period (last page this line number	only)	4

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	statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COMPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle I Wieland, Steve, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2811 Deverell Dr		11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.30675
Blacklick	OH 43004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Motorists Insurance Group	AVP	Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 3	1
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle I Wieland, Steve, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2811 Deverell Dr		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.30715
Blacklick	OH 43004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) AVP	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle I . Wilcox, Matt, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 250 Daniel Burnham Sq Uni	it 308	10 27 2020
City	State Zip Code	Transaction ID : SA11AI.30654
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP	Memo Item Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General	Aggregate rear-to-Date *	1
Other (specify)	890.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CON	IPANY CIVIC FUND	
Full Name of Individual (Last, First, Middle Wilcox, Matt, , ,		anization Name	Date of Receipt
Mailing Address 250 Daniel Burnham Sq Ui	111 308		11 09 2020
City	State	Zip Code	Transaction ID : SA11AI.30674
Columbus	OH	43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) Motorists Insurance Group	Occupa EVP	ation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 970.00	
Full Name of Individual (Last, First, Middle Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Ur		anization Name	Date of Receipt
0"		T- 0 1	11 23 2020
City Columbus	State	Zip Code 43215	Transaction ID : SA11AI.30714
FEC ID number of contributing federal political committee.	C	10210	Amount of Each Receipt this Period 80.00
Name of Employer (for Individual) Motorists Insurance Group	Occupa EVP	ation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1050.00	
Full Name of Individual (Last, First, Middle C. Wiseman, Michael L., , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 90 Timberknoll Loop			11 17 2020
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30621
FEC ID number of contributing federal political committee.	С	4000	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Motorists Mutual Ins Company	Occupa Sr VP	ation (for Individual)	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			410.00
TOTAL This Period (last page this line numb	er only)		7985.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full)

N	IOTORISTS MUTUAL INSURAN			C FUND	
A.	Full Name (Last, First, Middle Initial) Transact PNC Financial Services Group,		30623	☐ Memo Item	Allocated Activity or Event: X Administrative Fundraising Exempt
	Mailing Address One Financial Parkway				Voter Drive Direct Candidate Support
	City Kalamazoo	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	IVII	49009		Allocated Activity or Event Year-To-Date
	Bank Fee				39.00
	Activity or Event Identifier: Administrative			Category/	M = M / D = D / Y = Y = Y
	Administrative			Type	Date 11 01 2020
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7	39.00	39.00
<u>—</u> В.	Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	·				
	Activity or Event Identifier:			Category/	M = M / D = D / Y = Y = Y
				Type	Date
				Турс	Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	FEDERAL SHARE	+	NONFEDERAL		
		+	NONFEDERAL	SHARE	= TOTAL AMOUNT
<u>C</u> .	FEDERAL SHARE Full Name (Last, First, Middle Initial)	+	NONFEDERAL		
C.		+	NONFEDERAL	SHARE	= TOTAL AMOUNT Allocated Activity or Event:
<u></u>	Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL Zip Code	SHARE	= TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt
<u></u>	Full Name (Last, First, Middle Initial) Mailing Address City		7 1 7	SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
<u>c.</u>	Full Name (Last, First, Middle Initial) Mailing Address		7 1 7	SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial) Mailing Address City		7 1 7	SHARE Memo Item	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
 C.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		7 1 7	SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:		7 1 7	SHARE Memo Item Category/ Type	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code	SHARE Memo Item Category/ Type	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code NONFEDERAL	SHARE Memo Item Category/ Type	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State	Zip Code NONFEDERAL	SHARE Memo Item Category/ Type SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal	State +	Zip Code NONFEDERAL s Page	SHARE Memo Item Category/ Type SHARE	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
sı	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE 0.00 OTAL This Period (last page for each line only)	+ Activity Thi +	Zip Code NONFEDERAL S Page NONFEDERAL	SHARE Category/ Type SHARE 39.00	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT 39.00
sı	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE 0.00	+ Activity Thi +	Zip Code NONFEDERAL S Page NONFEDERAL	SHARE Category/ Type SHARE 39.00 NonFederal sha	TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT 39.00