

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00336834 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **OH**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Haack, Susan E., Mrs.
Type or Print Name of Treasurer

Signature of Treasurer Haack, Susan E., Mrs. [Electronically Filed] Date **12** / **06** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="38811.96"/>	<input type="text" value="38811.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29312.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3506.00"/>	<input type="text" value="30540.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="32818.96"/>	<input type="text" value="69351.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="36533.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32818.96"/>	<input type="text" value="32818.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3410.00	16080.80
(ii) Unitemized	96.00	13459.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3506.00	29540.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3506.00	29540.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3506.00	30540.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3506.00	30540.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	33.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	33.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	29250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	36533.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	36533.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	3506.00	29540.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3506.00	29540.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	33.00
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	33.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25615
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction \$40

B. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25679
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction \$40

C. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25742
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction \$40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benseler, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorist Mutual Ins. Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25616
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. Benseler, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorist Mutual Ins. Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25680
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Benseler, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2746 Sandhurst Dr.
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorist Mutual Ins. Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25743
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bills, Alissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Snider Loop
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25617
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Bills, Alissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Snider Loop
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25681
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Bills, Alissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Snider Loop
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25744
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brake, Sheila, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 Grove Circle
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2016
Transaction ID : SA11AI.25618
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Brake, Sheila, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 Grove Circle
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.25682
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Brake, Sheila, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 Grove Circle
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, WC Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.25745
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25619

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25683

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25746

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

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

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

A. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25620
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25684
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25747
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

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

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

A. Campana, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6436 Meadow Glen N
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **10 / 21 / 2016**
Transaction ID : SA11AI.25621
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Campana, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6436 Meadow Glen N
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **11 / 04 / 2016**
Transaction ID : SA11AI.25685
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Campana, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6436 Meadow Glen N
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **11 / 18 / 2016**
Transaction ID : SA11AI.25748
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

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

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

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

A. Campbell, Grady, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25622
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. Campbell, Grady, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25686
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Campbell, Grady, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5760 Whispering Trail
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP Marketing Services & PL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25749
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

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

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

A. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : SA11AI.25623

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : SA11AI.25687

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.25750

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. DePontes, Rose, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : SA11AI.25624

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. DePontes, Rose, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : SA11AI.25688

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. DePontes, Rose, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.25751

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

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

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

A. Entenmann, Stephen, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Motorists Mutual Insurance Occupation (for Individual) Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25626
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Entenmann, Stephen, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7271 Middletown Rd.
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Motorists Mutual Insurance Occupation (for Individual) Asst. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25689
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Eppley, Jason, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Commercial Production & Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25627
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

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

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

A. Eppley, Jason, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25690

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Eppley, Jason, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25752

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Fee, Jeffrey, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 537 Courtright Court

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25628

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fee, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Courtright Court
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Asst Vice President Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25691
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Fee, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Courtright Court
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Asst Vice President Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25753
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Windrow Dr.
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25629
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Windrow Dr.
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25692
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4555 Windrow Dr.
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25754
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Fullenkamp, Joseph, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25631
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fullenkamp, Joseph, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25694
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Fullenkamp, Joseph, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25756
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Gaskill, Charles, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Sr. VP, General Counsel & Secretary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25632
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

SUBTOTAL of Receipts This Page (optional).....▶ 40.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gaskill, Charles, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Briarmeadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Sr. VP, General Counsel & Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25695
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

B. George, Ying, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1389 Glenn Ave
 City Columbus State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP, Tax Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25633
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. George, Ying, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1389 Glenn Ave
 City Columbus State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP, Tax Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25696
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. George, Ying, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Tax Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25757

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Gesen, Rolf, H., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Penacook Rd.

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

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

Name of Employer (for Individual) Phenix Mutual	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25634

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

C. Gesen, Rolf, H., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 Penacook Rd.

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

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

Name of Employer (for Individual) Phenix Mutual	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25697

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Gesen, Rolf, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phenix Mutual Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25758
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. Gibbons, Jeanne, I., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Burreed Court
 City Pataskala State OH Zip Code 43062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P. Personal Lines Adm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25635
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Gibbons, Jeanne, I., Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Burreed Court
 City Pataskala State OH Zip Code 43062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P. Personal Lines Adm.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25698
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gibbons, Jeanne, I., Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Burreed Court

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P. Personal Lines Adm.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25759

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Graham, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) AVP Personal Lines Underwriting
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25636

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Graham, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) AVP Personal Lines Underwriting
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25699

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Graham, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Ellis Place
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25760
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Gregoire, Shaun, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25637
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Gregoire, Shaun, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25700
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Gregoire, Shaun, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 396 Shelby Avenue, East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25761
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Griffin, Archie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 Temperance Point Place
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25638
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

C. Griffin, Archie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 Temperance Point Place
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25701
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Griffin, Archie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6845 Temperance Point Place

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25762

Amount of Each Receipt this Period
10.00

Memo Item
Payroll Deduction \$10

B. Guanciale, Dino, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4819 St. Andrews Circle

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupation (for Individual) Asst. VP
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25639

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Guanciale, Dino, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4819 St. Andrews Circle

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Co.	Occupation (for Individual) Asst. VP
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25702

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Guanciale, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25763
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Haack, Susan E., , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Motorists Insurance Group Occupation (for Individual) Sr. VP, Treasurer and CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25640
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Haack, Susan E., , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Motorists Insurance Group Occupation (for Individual) Sr. VP, Treasurer and CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25703
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Haack, Susan E., , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7494 Heffley Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25764

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

B. Hall, Marc S., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5999 Lane Road

City Centerburg	State OH	Zip Code 43011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25641

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Hall, Marc S., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5999 Lane Road

City Centerburg	State OH	Zip Code 43011
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25704

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hall, Marc S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25765
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25642
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25705
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25766
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25643
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

C. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25706
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25767
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

B. Hertzfeld, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2236 Omaha Place
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Workers Compensation Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25644
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Hertzfeld, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2236 Omaha Place
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Workers Compensation Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25707
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hertzfeld, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2236 Omaha Place

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

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Workers Compensation Claims
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25768

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Jeffers, Dan, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25645

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Jeffers, Dan, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25708

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jeffers, Dan, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 Rossmore Lane
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25769
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Jones, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 E. Dominion Blvd
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP, Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25646
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Jones, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 E. Dominion Blvd
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) AVP, Commercial Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25709
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jones, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25770

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Kaufman, David L., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7925 Greenside Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Co	Occupation (for Individual) Executive VP & COO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25647

Amount of Each Receipt this Period
30.00

Memo Item
Payroll Deduction \$30

C. Kaufman, David L., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7925 Greenside Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Co	Occupation (for Individual) Executive VP & COO
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25710

Amount of Each Receipt this Period
30.00

Memo Item
Payroll Deduction \$30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kaufman, David L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7925 Greenside Lane
 City Worthington State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25771
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction \$30

B. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25648
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

C. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25711
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

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

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

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

FOR LINE NUMBER: PAGE 37 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25772
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

B. King, Anne B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25649
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. King, Anne B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25712
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. King, Anne B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25773
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25650
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25713
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25774
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Lappin, Michael, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Mutual Ins. Co. Occupation (for Individual) V.P. Agency Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25652
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

C. Lappin, Michael, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 728 South 29th Street
 City Manitowoc State WI Zip Code 45220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Mutual Ins. Co. Occupation (for Individual) V.P. Agency Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25715
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lappin, Michael, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 728 South 29th Street

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

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

Name of Employer (for Individual) Wilson Mutual Ins. Co.	Occupation (for Individual) V.P. Agency Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25776

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction \$20

B. Lawrence, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

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

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25653

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

C. Lawrence, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

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

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25716

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lawrence, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

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

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25777

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

B. Lisi, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6740 Callaway Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25654

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Lisi, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6740 Callaway Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25717

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisi, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6740 Callaway Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25778
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Long, Todd A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 Loch Ness Avenue
 City Worthington State OH Zip Code 43285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25655
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Long, Todd A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 Loch Ness Avenue
 City Worthington State OH Zip Code 43285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25718
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Long, Todd A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 Loch Ness Avenue
 City Worthington State OH Zip Code 43285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25779
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Manteufel, Steven, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hardware Mutual Ins Occupation (for Individual) V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25656
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Manteufel, Steven, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hardware Mutual Ins Occupation (for Individual) V.P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25719
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Manteufel, Steven, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 2441 121 Cir NE
 City Blaine State MN Zip Code 55449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hardware Mutual Ins Occupation (for Individual) V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25780
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. McCracken, Robert, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25657
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction \$45

C. McCracken, Robert, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25720
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction \$45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McCracken, Robert, L., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25781

Amount of Each Receipt this Period
45.00

Memo Item
Payroll Deduction \$45

B. Moore, Marchelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2717 Gatewood Rd.

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) Chief Legal Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25658

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

C. Moore, Marchelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2717 Gatewood Rd.

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) Chief Legal Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25721

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moore, Marchelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2717 Gatewood Rd.

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) Chief Legal Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25782

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

B. Nixon, Mark J., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Company	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25659

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Nixon, Mark J., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 662 East Fifth Avenue

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Company	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25722

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Nixon, Mark J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 662 East Fifth Avenue
 City Lancaster State OH Zip Code 43130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25783
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Ogg, Thomas C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25660
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction \$50

C. Ogg, Thomas C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25723
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction \$50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ogg, Thomas C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired from MIG Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25784
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction \$50

B. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25661
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25724
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Peacock, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25785

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Powers, Carl, Richard, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer (for Individual) American Hardware Mutual Ins.	Occupation (for Individual) V. P. Underwriting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25663

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Powers, Carl, Richard, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer (for Individual) American Hardware Mutual Ins.	Occupation (for Individual) V. P. Underwriting
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25726

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Powers, Carl, Richard, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5241 Lincoln Dr #119
 City Edina State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Hardware Mutual Ins. Occupation (for Individual) V. P. Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25787
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Puchala, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25664
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Puchala, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25727
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Puchala, Damian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25788

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Puls, Georgia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Commercial Lines
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25665

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Puls, Georgia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Commercial Lines
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25728

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Puls, Georgia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 West Price Street
 City Eldridge State IA Zip Code 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iowa Mutual Ins. Co. Occupation (for Individual) V. P. Commercial Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **11 / 18 / 2016**
Transaction ID : SA11AI.25789
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Rudowicz, Randolph A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1026 Loch Ness Avenue
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Planning Prod & Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **10 / 21 / 2016**
Transaction ID : SA11AI.25666
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Rudowicz, Randolph A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1026 Loch Ness Avenue
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Planning Prod & Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 04 / 2016**
Transaction ID : SA11AI.25729
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Rudowicz, Randolph A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1026 Loch Ness Avenue
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP Planning Prod & Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25790
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25667
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25730
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25791
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Smith, Robert, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29270 Hampshire Place
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25668
 Amount of Each Receipt this Period 55.00
 Memo Item
 Payroll Deduction \$55

C. Smith, Robert, C., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29270 Hampshire Place
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25731
 Amount of Each Receipt this Period 55.00
 Memo Item
 Payroll Deduction \$55

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Smith, Robert, C., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29270 Hampshire Place

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25792

Amount of Each Receipt this Period
55.00

Memo Item
Payroll Deduction \$55

B. Smithers, Ralph W., , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25669

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Smithers, Ralph W., , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6418 Summers Nook Drive

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25732

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smithers, Ralph W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 Summers Nook Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP MAX Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25793
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Stapleton, Charles D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 Kindler Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25670
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Stapleton, Charles D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 Kindler Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25733
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

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

FOR LINE NUMBER: PAGE 57 OF 64
(check only one)

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

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

A. Stapleton, Charles D., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6900 Kindler Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25794

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

B. Thompson, Craig, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 Maxwell Avenue

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25671

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

C. Thompson, Craig, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 Maxwell Avenue

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25734

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thompson, Craig, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 Maxwell Avenue

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25795

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction \$25

B. Thompson, Sharon, B, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assistant VP
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25672

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Thompson, Sharon, B, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assistant VP
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25735

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thompson, Sharon, B, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5444 Spring Hill Road
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25796
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

B. Weisenberger, Peter A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25673
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

C. Weisenberger, Peter A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25736
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Weisenberger, Peter A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Company Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25797
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction \$20

B. Weishaar, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Woodmark Run
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP & Chief Analytics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25674
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

C. Weishaar, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Woodmark Run
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP & Chief Analytics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25737
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weishaar, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Woodmark Run
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP & Chief Analytics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25798
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction \$25

B. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25675
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

C. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25738
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.25799
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction \$10

B. Wetzel, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iowa Mutual Ins. Co. Occupation (for Individual) V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.25676
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

C. Wetzel, Edward, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iowa Mutual Ins. Co. Occupation (for Individual) V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.25739
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction \$15

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Wetzel, Edward, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4918 Norfolk Drive

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) V. P. Claims
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.25800

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

B. Williams, Charles A., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.25678

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

C. Williams, Charles A., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.25741

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 64
(check only one)

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Williams, Charles A., , ,

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : SA11AI.25802

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction \$15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	3410.00