



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="21548.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21548.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9351.70"/>	<input type="text" value="9351.70"/>
(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="30899.96"/>	<input type="text" value="30899.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1800.00"/>	<input type="text" value="1800.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29099.96"/>	<input type="text" value="29099.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	1040.50	1040.50
(ii) Unitemized .....	8311.20	8311.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9351.70	9351.70
(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) .....	9351.70	9351.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9351.70	9351.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9351.70	9351.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	750.00	750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	750.00	750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1050.00	1050.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1800.00	1800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1800.00	1800.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9351.70	9351.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9351.70	9351.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	750.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	750.00	750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 14  
(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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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 (Last, First, Middle Initial)  
**A. Michael J. Agan**

Mailing Address 5658 Tynecastle Loop

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : SA11AI.22350**

Amount of Each Receipt this Period  

40.00
-------

 payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : SA11AI.22750**

Amount of Each Receipt this Period  

40.00
-------

 payroll deduction of \$40

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

**Transaction ID : SA11AI.22437**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.10</b>
<b>TOTAL</b> 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 7 OF 14  
(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**

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

Mailing Address 9240 Griggs Rd

City Englewood      State FL      Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co.      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 13 / 2015**

**Transaction ID : SA11AI.22438**

Amount of Each Receipt this Period  
**70.10**

payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood      State FL      Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co.      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11AI.22434**

Amount of Each Receipt this Period  
**75.00**

payroll deduction of \$75.00

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

Mailing Address 9240 Griggs Rd

City Englewood      State FL      Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co.      Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11AI.22439**

Amount of Each Receipt this Period  
**70.10**

payroll deduction of \$70.10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **215.20**

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Larry L. Forrester</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : SA11AI.22440</b>
Mailing Address 9240 Griggs Rd		Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
City Englewood	State FL	Zip Code 34224
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.60	

Full Name (Last, First, Middle Initial) <b>B. Mr. Larry L. Forrester</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : SA11AI.22764</b>
Mailing Address 9240 Griggs Rd		Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
City Englewood	State FL	Zip Code 34224
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.70	

Full Name (Last, First, Middle Initial) <b>C. David L. Kaufman</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 <b>Transaction ID : SA11AI.22782</b>
Mailing Address 7925 Greenside Lane		Amount of Each Receipt this Period 30.00 payroll deduction of \$30
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.20
<b>TOTAL</b> 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 9 OF 14  
(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**

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.22611**

Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.22612**

Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11AI.22792**

Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 14  
(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**

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.22623**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.22624**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11AI.22794**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

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

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

**A. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29270 Hampshire Place  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : SA11AI.22679**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

**B. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29270 Hampshire Place  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.22680**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

**C. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29270 Hampshire Place  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.22681**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

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

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

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

FOR LINE NUMBER: PAGE 12 OF 14  
(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.** Full Name (Last, First, Middle Initial)  
**Mr. Robert C. Smith**

Mailing Address 29270 Hampshire Place

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11AI.22803**

Amount of Each Receipt this Period  
55.00

payroll deduction of \$55

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1040.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Portman for Senate**

Mailing Address 211 South Fifth St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : SB21B.22820**

Amount of Each Disbursement this Period

750.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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

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

750.00
--------

750.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. Citizens for Mingo**

Mailing Address 12364 Thoroughbred Drive

City Pickerington State OH Zip Code 43147

Purpose of Disbursement  
payroll deduction of \$300

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 10 / 2015

**Transaction ID : SB29.22818**

Amount of Each Disbursement this Period

300.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 10 / 2015

**Transaction ID : SB29.22815**

Amount of Each Disbursement this Period

750.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

Category/  
Type

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

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

1050.00

1050.00