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Image# 15970322641

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than An Au	uthorized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
MOTORISTS MUT	JAL INSURANCE COM	MPANY CIVIC FUI	ND	
ADDRESS (number and stree	t) 471 E BROAD ST			
Check if different than previously reported. (ACC)	COLUMBUS		OH 43215 -	
2. FEC IDENTIFICATION	N NUMBER ▼ C	CITY 🛦	STATE ▲ ZIP CODE	<u> </u>
C C00336834	3.	IS THIS REPORT X (N)	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:		(No Yes	ov 20 (M11) on-Election ar Only) ec 20 (M12)
(a) Quarterly Reports:			(No Year	n 31 (YE)
X April 15 Quarterly Repo		Primary (12P)		noff (12R)
July 15 Quarterly Repo	PRF-Election	Convention (12		,
October 15 Quarterly Repo	ort (Q3)	M M / I	in the	_
January 31 Year-End Repo		tion on	State of	
July 31 Mid-Ye Report (Non-el- Year Only) (MY	ection (d) 30-Day	General (30G)	Runoff (30R) Sp	ecial (30S)
Termination Re (TER)	port	tion on	in the State of	
5. Covering Period	01 01 2015		03 31 2015	
I certify that I have examine Type or Print Name of Trea		of my knowledge and bel	ef it is true, correct and complete.	
Type of Fillit Name of frea	wis. Susair L. Flaack			
Signature of Treasurer	Mrs. Susan E. Haack	[Electronically F		2015
	rroneous, or incomplete informat	ion may subject the persor	signing this Report to the penalties of 2 U.S.	C. §437g.
Office Use Only			FEC FORM Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

2015 03 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 21548.26 January 1, 2015 (b) Cash on Hand at 21548.26 Beginning of Reporting Period..... 9351.70 9351.70 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 30899.96 30899.96 6(a) and 6(c) for Column B)..... 1800.00 1800.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 29099.96 29099.96 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

	eriod: From: 01 01 2015 To:					
I. Receipts	COLUMN B Calendar Year-to-Date					
tributions (other than loans) From:						
	1040.50	1040.50				
(i) Itemized (use Schedule A)	1040.30	10-0.50				
(ii) Unitemized	8311.20	8311.20				
Lines 11(a)(i) and (ii)	9351.70	9351.70				
Political Party Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
Total Contributions (add Lines						
Totals to Line 33, page 5)▶	9351.70	9351.70				
nsfers From Affiliated/Other by Committees	0.00	0.00				
_oans Received	0.00	0.00				
n Pangumenta Pagaiyad	0.00	0.00				
	0.00	0.00				
·	0.00	0.00				
	7					
	0.00	0.00				
	3.00					
·	0.00	0.00				
· · · · · · · · · · · · · · · · · · ·	0.00	7				
	0.00	0.00				
Levin Funds (from Schedule H5)	0.00	0.00				
Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	Political Party Committees	Than Political Committees (i) Itemized (use Schedule A)				

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		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	15101 11104	Calcinal Teal-to-Date		
(i) Federal Share	0.00	0.00		
(*) N 5 1 10	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	750.00	750.00		
(c) Total Operating Expenditures	750.00	750.00		
(add 21(a)(i), (a)(ii), and (b))	750.00	750.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
. Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
i. Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00			
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
O. Other Disbursements	1050.00	1050.00		
. 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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1800.00	1800.00		
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			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9351.70	9351.70	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9351.70	9351.70	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	750.00	750.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	750.00	750.00	

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

FOR	PAGE		6	OF	14				
(check only one)									
X	11c		12						
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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	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COMPANY CIVIC FUND						
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt					
City	i de la companya de						
Dublin FEC ID number of contributing	OH 43016	Amount of Each Receipt this Period 40.00					
federal political committee. Name of Employer	Occupation	payroll deduction of \$40					
Motorists Life Insurance Compa Receipt For:	President MLIC Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	240.00						
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt					
City Dublin	State Zip Code OH 43016	03 27 2015 Transaction ID : SA11AI.22750 Amount of Each Resent this Period					
FEC ID number of contributing federal political committee.	C 43010	Amount of Each Receipt this Period 40.00					
Name of Employer Motorists Life Insurance Compa	Occupation President MLIC	payroll deduction of \$40					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00						
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt					
Mailing Address 9240 Griggs Rd		01 30 / Y Y Y Y Y Y					
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.22437 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	70.10					
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$70.10					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.30						
SUBTOTAL of Receipts This Page (optional)		150.10					
TOTAL This Period (last page this line number	r only)						

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

FOR LINE NUMBER:						PAGE	:	7	OF		14
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt
City	State Zip Code	02 13 2015 Transaction ID : SA11Al.22438
Englewood FEC ID number of contributing federal political committee.	FL 34224	Amount of Each Receipt this Period 70.10
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director Aggregate Year-to-Date ▼	payroll deduction of \$70.10
Primary General Other (specify) ▼	280.40	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt 02 27 _2015 _
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.22434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$75.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.40	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
Mailing Address 9240 Griggs Rd	State 7 in Code	02 27 2015
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.22439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.10
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$70.10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.50	
SUBTOTAL of Receipts This Page (optional)	215.20
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:					PAGE	8	OF	14
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt
City Englewood	State Zip Code FL 34224	03 13 2015 Transaction ID : SA11Al.22440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.10 payroll deduction of \$70.10
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General	Occupation Director Aggregate Year-to-Date ▼	payroll academon of \$\psi\$ 0.10
Other (specify) ▼ Full Name (Last, First, Middle Initial)	495.60	
Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.22764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	70.10
Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director	payroll deduction of \$70.10
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.70	
Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
Mailing Address 7925 Greenside Lane City	State Zip Code	03 27 2015
Worthington	OH 43235	Transaction ID : SA11AI.22782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO	payroll deduction of \$30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	····	170.20
TOTAL This Period (last page this line number	per only)	

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

FOR LINE NUMBER:					PAGE	9	OF	14	
(check only one)									
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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 f	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 INSURA	NCE COMPANY CIVIC FUND	
Α	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt
	City Manitowoc	State Zip Code WI 54220	02 27 2015 Transaction ID : SA11AI.22611 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
1	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 225.00	payroll deduction of \$45
В.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City Manitowoc FEC ID number of contributing federal political committee.	State Zip Code WI 54220	Transaction ID : SA11AI.22612 Amount of Each Receipt this Period 45.00
N	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 270.00	payroll deduction of \$45
C. [Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc	State Zip Code WI 54220	Date of Receipt 03 27 2015 Transaction ID: SA11AI.22792
- I I	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	C Occupation Director Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 45.00 payroll deduction of \$45
SL	JBTOTAL of Receipts This Page (optional)	>	135.00
тс	OTAL This Period (last page this line number of	only)	

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

					PAGE		10	OF	14	
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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 th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt	
Mailing Address 4612 Club Dr., Unit 201		02 27 2015
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.22623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Retired from MIG	Occupation Director	payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201		Date of Receipt 03 13 2015
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.22624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Retired from MIG	Occupation Director	payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
Mailing Address 4612 Club Dr., Unit 201		03 27 2015
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.22794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Retired from MIG	Occupation Director	payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	1	11	OF		14
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	ANCE COMPANY CIVIC FUND					
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	Date of Receipt					
City	·					
Westlake	OH 44145	Transaction ID : SA11AI.22679 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00					
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	Date of Receipt 02 27 2015					
City	State Zip Code OH 44145	Transaction ID : SA11AI.22680				
Westlake FEC ID number of contributing federal political committee.	OH 44145	Amount of Each Receipt this Period 55.00				
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00					
Full Name (Last, First, Middle Initial) C. Mr. Robert C. Smith		Date of Receipt				
Mailing Address 29270 Hampshire Place		03 13 2015 _				
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.22681 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00					
SUBTOTAL of Receipts This Page (optional)		165.00				
TOTAL This Period (last page this line number	only)					

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

FOR LINE NUMBER:				PAGE	. ′	12	OF		14			
	(check only one)											
		X	11a		11b		11c		12			
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	Date of Receipt	
City Westlake	State Zip Code OH 44145	03 27 2015 Transaction ID : SA11AI.22803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	55.00 payroll deduction of \$55
Motorists Mutual Ins. Co. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Director Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) 3. Mailing Address	Date of Receipt	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	7. 0.4	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	55.00
TOTAL This Period (last page this line numb	er only)	1040.50

S ľ

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 14														
	EMIZED DISBURSEMENTS	Use separate schedule(s)				nly one)											
••		for each category of the Detailed Summary Page			21	b	22			23			24	25	Г	26	
_					27		28	Ba		28b		2	28c	29		30b	
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or		e and address of any politi	cai cor	nmı	пее	το	SOIICIT	con	itrib	utions	S II	rom	sucn	commi	nee.		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	SE COMBANY CIV		IN	חו												
/	WOTORISTS WOTOAL INSURANCE	DE COMPAINT CIV	IC F	J۱۱	טו												
	Full Name (Last, First, Middle Initial)																
Α.	Portman for Senate						Date	e of	Dis	sburse	em	ent					
	-								M M / D D / Y Y Y Y								
	Mailing Address 211 South Fifth St.						(3	L	1	0	4		2015	_		
	City	State Zip Code															
	Columbus	OH 43215					Tra	ansa	acti	on ID) : (SB2	1B.22	820			
	Purpose of Disbursement Contribution										_						
	Candidate Name		Ь.				Amo	unt	of	Each	Di	isbu	rseme	nt this	Peri	od	
	Candidate Name		Cate	ego ype									_ :	75	0.00		
	Office Sought: House Disbursen	nent For:	'	, he	•	\dashv				7			7				
	Senate	Primary General															
		Other (specify) ▼															
_	State: OH District:																
В.	Full Name (Last, First, Middle Initial)						Date	of	Dic	hurce	am.	ont					
υ.							Date of Disbursement										
	Mailing Address						IVI	- IVI	ľ				'	Y = Y	- Y		
					_							1					
	City State Zip Code																
	Purpose of Disbursement																
		Category/					Amount of Each Disbursement this Period								od		
	Candidate Name															П	
				ype			ш	-	-	7		-	7		-		
	Office Sought: House Disbursen																
		Primary General Other (specify) ▼															
	State: District:	Other (opcomy)															
_	Full Name (Last, First, Middle Initial)																
C.	,						Date	e of	Dis	sburse	em	ent					
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	Purpose of Disbursement	T				\perp											
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	Candidate Name		Cat	eao	rv/		Amount of Each Disbursement this Period										
				ype									_				
	Office Sought: House Disbursen		1														
		Primary General Other (specify)															
	State: District:	Other (specify)															
Г							-					-		-		_	
s	UBTOTAL of Disbursements This Page (optional)				. ▶					/III =			, n	75	0.00		
H							F							7	0.00	一	
T	OTAL This Period (last page this line number only)				. ▶					7			7	75	0.00		

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	TO THE CONTRACT OF THE CONTRAC								
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26								
	Detailed Summary Page	27	28a 28b 28c X 29 30b								
Any information copied from such Reports and Stat	ements may not be sold or u	sed by any ners									
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
$\mid \; angle$ MOTORISTS MUTUAL INSURAN	ICE COMPANY CIV	IC FUND									
/											
Full Name (Last, First, Middle Initial)			Data of Bishamanan								
A. Citizens for Mingo	Date of Disbursement										
Mailing Address 12364 Thoroughbred Drive			03 10 2015								
Mailing / Red 1000 12504 Thoroughbred Brive			2010								
City	State Zip Code		Tanana dia u ID ODOS 00040								
Pickerington	OH 43147		Transaction ID : SB29.22818								
Purpose of Disbursement payroll deduction of \$300											
Candidate Name			Amount of Each Disbursement this Period								
Candidate Name		Category/	300.00								
Office Sought: House Disburs	ement For:	Туре									
Senate	Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
B. Friends of Sherrod Brown			Date of Disbursement								
			M - M / D - D / Y - Y - Y - Y								
Mailing Address PO Box 76187			03 10 2015								
City											
Washington	State Zip Code DC 20013		Transaction ID: SB29.22815								
Purpose of Disbursement											
Contribution		011	Amount of Each Disbursement this Period								
Candidate Name		Category/	750.00								
Office Sought: House Disburs	ement For:	Туре									
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)											
C.			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address	Mailing Address										
City	State Zip Code										
S.i.y	2.p 0000										
Purpose of Disbursement											
-			Amount of Each Disbursement this Period								
Candidate Name		Category/									
Office Sought: House Disburs	ement For:	Туре									
Senate	Primary General										
President	Other (specify)										
State: District:	_										
SUBTOTAL of Disbursements This Page (optional)			1050.00								
		<u> </u>	1050.00								
TOTAL This Period (last page this line number on	y)		1050.00								