

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 / / in the State of

5. Covering Period / / 2019 through / / 2019

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

Signature of Treasurer Moore, Marchelle, , , [Electronically Filed] Date / / 2019

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)

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="2019"/> | | 42533.15 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 42533.15 | |
| (c) Total Receipts (from Line 19) | 16666.25 | 16666.25 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 59199.40 | 59199.40 |
| 7. Total Disbursements (from Line 31)..... | 15240.10 | 15240.10 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 43959.30 | 43959.30 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 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)..... | 7870.00 | 7870.00 |
| (ii) Unitemized | 8796.25 | 8796.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 16666.25 | 16666.25 |
| (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) | 16666.25 | 16666.25 |
| 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)).....▶ | 16666.25 | 16666.25 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 16666.25 | 16666.25 |

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..... | 190.10 | 190.10 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 190.10 | 190.10 |
| 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 (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)..... | 15050.00 | 15050.00 |
| 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)) .. | 15240.10 | 15240.10 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15050.00 | 15050.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 16666.25 | 16666.25 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16666.25 | 16666.25 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 53 |
| <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 ▼ 240.00

Date of Receipt **03 / 22 / 2019**
Transaction ID : SA11AI.28890
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 280.00

Date of Receipt **04 / 05 / 2019**
Transaction ID : SA11AI.28935
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 320.00

Date of Receipt **04 / 19 / 2019**
Transaction ID : SA11AI.28979
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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

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 53 |
| | <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. 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 ▼ 360.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29023
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 400.00

Date of Receipt 05 / 17 / 2019
Transaction ID : SA11AI.29110
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 440.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29111
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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

**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 53 |
| <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. 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 ▼ 480.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29154
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 520.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29197
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29024
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| 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 9 OF 53 |
| <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. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2019
Transaction ID : SA11AI.29109
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : SA11AI.29112
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2019
Transaction ID : SA11AI.29155
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53
(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. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29198
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI.28866
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2019
Transaction ID : SA11AI.28893
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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: PAGE 11 OF 53
(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. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 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
 04 / 05 / 2019
Transaction ID : SA11AI.28938
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2019
Transaction ID : SA11AI.28982
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : SA11AI.29026
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 53 |
| <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. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 17 / 2019
Transaction ID : SA11AI.29107
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 05 / 31 / 2019
Transaction ID : SA11AI.29114
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 06 / 14 / 2019
Transaction ID : SA11AI.29157
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 53 |
| | <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. Benintendi, Jeff, , ,
 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 Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2019
Transaction ID : SA11AI.29200
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2019
Transaction ID : SA11AI.29031
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2019
Transaction ID : SA11AI.29102
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 53 |
| | <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 ▼ 275.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29119
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 300.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29162
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 325.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29205
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| | <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. Fallen, Hope, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2642 Blue Lick Rd.

| | | |
|------------------|-------------|-------------------|
| City Winfield | State WV | Zip Code 25213 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) AVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2019 |

Transaction ID : SA11AI.29034

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

Mailing Address 2642 Blue Lick Rd.

| | | |
|------------------|-------------|-------------------|
| City Winfield | State WV | Zip Code 25213 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) AVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 17 | | 2019 |

Transaction ID : SA11AI.29099

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

Mailing Address 2642 Blue Lick Rd.

| | | |
|------------------|-------------|-------------------|
| City Winfield | State WV | Zip Code 25213 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) AVP |
|--|------------------------------------|

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 |
| 05 | | 31 | | 2019 |

Transaction ID : SA11AI.29122

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 16 OF 53
(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. Fallen, Hope, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2642 Blue Lick Rd.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29165
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Fallen, Hope, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2642 Blue Lick Rd.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29208
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29039
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line 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 53 |
| | <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. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2019
Transaction ID : SA11AI.29094
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2019
Transaction ID : SA11AI.29127
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2019
Transaction ID : SA11AI.29170
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29213
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 250.00

Date of Receipt 03 / 01 / 2019
Transaction ID : SA11AI.29270
 Amount of Each Receipt this Period 250.00
 Memo Item

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 ▼ 500.00

Date of Receipt 05 / 30 / 2019
Transaction ID : SA11AI.29278
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 525.00 |
| 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 53 |
| <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. 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 ▼
220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2019 |

Transaction ID : SA11AI.29132

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction

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 ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 14 | | 2019 |

Transaction ID : SA11AI.29175

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction

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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 28 | | 2019 |

Transaction ID : SA11AI.29218

Amount of Each Receipt this Period
20.00

Memo Item
Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| 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 53 |
| | <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. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI.28852
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2019
Transaction ID : SA11AI.28912
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 05 / 2019
Transaction ID : SA11AI.28957
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 53 |
| | <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. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 19 / 2019
Transaction ID : SA11AI.29001
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29045
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2019
Transaction ID : SA11AI.29088
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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 22 OF 53
(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. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29133
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29176
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29219
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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 23 OF 53
(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. 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 ▼ 300.00

Date of Receipt 02 / 08 / 2019
Transaction ID : SA11AI.28766
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 400.00

Date of Receipt 02 / 22 / 2019
Transaction ID : SA11AI.28812
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 500.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI.28857
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
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 53 |
| | <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 ▼ 600.00

Date of Receipt **03 / 22 / 2019**
Transaction ID : SA11AI.28915
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 700.00

Date of Receipt **04 / 05 / 2019**
Transaction ID : SA11AI.28960
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 800.00

Date of Receipt **04 / 19 / 2019**
Transaction ID : SA11AI.29004
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 25 OF 53
(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. 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 ▼
900.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2019

Transaction ID : SA11AI.29048

Amount of Each Receipt this Period
100.00

Memo Item
 Payroll Deduction

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2019

Transaction ID : SA11AI.29086

Amount of Each Receipt this Period
100.00

Memo Item
 Payroll Deduction

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2019

Transaction ID : SA11AI.29135

Amount of Each Receipt this Period
100.00

Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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 53 |
| <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 ▼ 1200.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29178
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 1300.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29221
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

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 ▼ 220.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29136
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 220.00 |
| 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 53 |
| | <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. 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 ▼ 240.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29179
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

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 ▼ 260.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29222
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

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 ▼ 225.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29052
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 28 OF 53 |
| | <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. 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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2019 |

Transaction ID : SA11AI.29083

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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 ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2019 |

Transaction ID : SA11AI.29138

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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 ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 14 | / | 2019 |

Transaction ID : SA11AI.29181

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| | <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. 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 ▼
325.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 28 | | 2019 |

Transaction ID : SA11AI.29224

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

Mailing Address 74 Cassidy Dr.

| | | |
|------------------|-------------|-------------------|
| City Winfield | State WV | Zip Code 25213 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Brickstreet Insurance | Occupation (for Individual) VP |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2019 |

Transaction ID : SA11AI.29054

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

Mailing Address 74 Cassidy Dr.

| | | |
|------------------|-------------|-------------------|
| City Winfield | State WV | Zip Code 25213 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer (for Individual) Brickstreet Insurance | Occupation (for Individual) VP |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 17 | | 2019 |

Transaction ID : SA11AI.29081

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| | <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. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Cassidy Dr.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : SA11AI.29140
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Cassidy Dr.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 14 / 2019**
Transaction ID : SA11AI.29183
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Cassidy Dr.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 28 / 2019**
Transaction ID : SA11AI.29226
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| | <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. 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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 01 | | 2019 |

Transaction ID : SA11AI.29274

Amount of Each Receipt this Period
250.00

Memo Item

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 ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 30 | | 2019 |

Transaction ID : SA11AI.29280

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

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 | | 22 | | 2019 |

Transaction ID : SA11AI.28921

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 540.00 |
| 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 53 |
| | <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. McGee, Bill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

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 |
| 04 | | 05 | | 2019 |

Transaction ID : SA11AI.28966

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2019 |

Transaction ID : SA11AI.29010

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2019 |

Transaction ID : SA11AI.29055

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

**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 53 |
| <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. McGee, Bill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2019 |

Transaction ID : SA11AI.29080

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2019 |

Transaction ID : SA11AI.29141

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

Mailing Address 48 E. Frankfort St.

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43206 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance | Occupation (for Individual) SVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 14 | / | 2019 |

Transaction ID : SA11AI.29184

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

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

**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 53 |
| <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. McGee, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 E. Frankfort St.
 City Columbus State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29227
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

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 ▼ 225.00

Date of Receipt 05 / 03 / 2019
Transaction ID : SA11AI.29056
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 250.00

Date of Receipt 05 / 17 / 2019
Transaction ID : SA11AI.29079
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 53 |
| | <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. 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 ▼ 275.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29142
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 300.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29185
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 325.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29228
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line 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 53 |
| | <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. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI.28887
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2019
Transaction ID : SA11AI.28924
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 05 / 2019
Transaction ID : SA11AI.28969
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| 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 37 OF 53
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Obrokta, TJ, , ,

Mailing Address **8810 Ventura Way**

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

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

| | |
|--|--|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) President |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 19 | / | 2019 |

Transaction ID : SA11AI.29013

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Memo Item
 Payroll Deduction

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

Mailing Address **8810 Ventura Way**

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

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

| | |
|--|--|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) President |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2019 |

Transaction ID : SA11AI.29058

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Memo Item
 Payroll Deduction

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

Mailing Address **8810 Ventura Way**

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

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

| | |
|--|--|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) President |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 17 | / | 2019 |

Transaction ID : SA11AI.29077

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Memo Item
 Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 OF 53 |
| <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. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2019
Transaction ID : SA11AI.29144
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 14 / 2019
Transaction ID : SA11AI.29187
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 28 / 2019
Transaction ID : SA11AI.29230
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 53 |
| | <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. Puleo, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Millstone Drive
 City Concord State NH Zip Code 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phenix Mutual Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2019
Transaction ID : SA11AI.29282
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Rader, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2452 SW 50th Blvd
 City Gainesville State FL Zip Code 32608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2019
Transaction ID : SA11AI.29272
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rader, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2452 SW 50th Blvd
 City Gainesville State FL Zip Code 32608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 30 / 2019
Transaction ID : SA11AI.29279
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1150.00 |
| 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 53 |
| | <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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rudowicz, Randolph A., , ,

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 ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2019 |

Transaction ID : SA11AI.29062

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

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 ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 17 | | 2019 |

Transaction ID : SA11AI.29073

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

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 ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2019 |

Transaction ID : SA11AI.29148

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line 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 53 |
| <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. 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 ▼ 300.00

Date of Receipt **06 / 14 / 2019**
Transaction ID : SA11AI.29191
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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 ▼ 325.00

Date of Receipt **06 / 28 / 2019**
Transaction ID : SA11AI.29234
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt **05 / 31 / 2019**
Transaction ID : SA11AI.29151
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| 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 42 OF 53 |
| <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. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2019
Transaction ID : SA11AI.29194
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2019
Transaction ID : SA11AI.29237
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Western, Robert, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Mutual Ins. Company Occupation (for Individual) President
 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
 03 / 01 / 2019
Transaction ID : SA11AI.29275
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 290.00 |
| 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 43 OF 53
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Western, Robert, L., Mr.,

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer (for Individual) Wilson Mutual Ins. Company Occupation (for Individual) President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2019**

Transaction ID : SA11AI.29281

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 600 Kanawha Blvd 1203

City Charleston State WV Zip Code 25301

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

Name of Employer (for Individual) Motorists Occupation (for Individual) Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 01 / 2019**

Transaction ID : SA11AI.29273

Amount of Each Receipt this Period **250.00**

Memo Item

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

Mailing Address 600 Kanawha Blvd 1203

City Charleston State WV Zip Code 25301

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

Name of Employer (for Individual) Motorists Occupation (for Individual) Director

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2019**

Transaction ID : SA11AI.29277

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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 53 |
| <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. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

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 |
| 03 | / | 08 | / | 2019 |

Transaction ID : SA11AI.28877

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

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 | / | 22 | / | 2019 |

Transaction ID : SA11AI.28934

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

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 |
| 04 | / | 05 | / | 2019 |

Transaction ID : SA11AI.28978

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 53 |
| | <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. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2019 |

Transaction ID : SA11AI.29022

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2019 |

Transaction ID : SA11AI.29067

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 17 | | 2019 |

Transaction ID : SA11AI.29068

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 53 |
| <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. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2019 |

Transaction ID : SA11AI.29153

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 14 | | 2019 |

Transaction ID : SA11AI.29196

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

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

Mailing Address 250 Daniel Burnham Sq Unit 308

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43215 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) Motorists Insurance Group | Occupation (for Individual) EVP |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 28 | | 2019 |

Transaction ID : SA11AI.29239

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | 7870.00 |

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A. Campaign to Elect Mitch Carmichael

Full Name (Last, First, Middle Initial)
Mailing Address po box 403

City ripley State WV Zip Code 25271

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 13 / 2019

FEC Identification Number: C
Transaction ID : SB29.29249
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Citizens for Hottinger

Full Name (Last, First, Middle Initial)
Mailing Address 2135 Horns Hill Drive

City Newark State OH Zip Code 43055

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 28 / 2019

FEC Identification Number: C
Transaction ID : SB29.29254
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Committee 4 Children

Full Name (Last, First, Middle Initial)
Mailing Address 885 W. Mound St

City Columbus State OH Zip Code 43223

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 05 / 2019

FEC Identification Number: C
Transaction ID : SB29.29245
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) A. Friends of George Lang | | Date of Disbursement MM / DD / YYYY 06 / 07 / 2019 | |
| Mailing Address 7727 foxboro dr | | FEC Identification Number C [] Transaction ID : SB29.29256 Amount of Each Disbursement this Period [] 1000.00 | |
| City west chester State OH Zip Code 45069 | Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type <input type="checkbox"/> Memo Item |
| Full Name (Last, First, Middle Initial) B. Friends of Shannon Hardin | | Date of Disbursement MM / DD / YYYY 04 / 05 / 2019 | |
| Mailing Address 545 E Town St | | FEC Identification Number C [] Transaction ID : SB29.29244 Amount of Each Disbursement this Period [] 1000.00 | |
| City Columbus State OH Zip Code 43215 | Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type <input type="checkbox"/> Memo Item |
| Full Name (Last, First, Middle Initial) C. Hackett for Ohio | | Date of Disbursement MM / DD / YYYY 06 / 07 / 2019 | |
| Mailing Address 2050 Palouse Drive | | FEC Identification Number C [] Transaction ID : SB29.29255 Amount of Each Disbursement this Period [] 1000.00 | |
| City London State OH Zip Code 43140 | Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type <input type="checkbox"/> Memo Item |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | [] 3000.00 | |
| TOTAL This Period (last page this line number only)..... ▶ | | [] | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Klein Committee

Mailing Address 545 East Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB29.29243
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OIIPAC

Mailing Address 172 East State Street
P. O. Box 816

City Columbus State OH Zip Code 43216

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB29.29242
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OIIPAC

Mailing Address 172 East State Street
P. O. Box 816

City Columbus State OH Zip Code 43216

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2019

FEC Identification Number

C
Transaction ID : SB29.29253
Amount of Each Disbursement this Period
1500.00

Memo Item

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

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

2250.00

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"/> 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

A. West Virginians for Armstead

Full Name (Last, First, Middle Initial)

Mailing Address 1900 Kanawha Boulevard East

City Charleston State WV Zip Code 25305

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 06 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB29.29258

Amount of Each Disbursement this Period: 2800.00

Memo Item

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) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2800.00 |
| TOTAL This Period (last page this line number only).....▶ | 15050.00 |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29261** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: 001

Activity or Event Identifier: **Administrative** Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 37.50

Date 01 / 02 / 2019

| | | | | |
|--|---|---|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 37.50 | | 37.50 |

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29262** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: service charge

Activity or Event Identifier: Administrative Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 62.50

Date 02 / 01 / 2019

| | | | | |
|--|---|---|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 25.00 | | 25.00 |

C. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29263** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: check printing

Activity or Event Identifier: Administrative Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 90.10

Date 02 / 07 / 2019

| | | | | |
|--|---|---|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 27.60 | | 27.60 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--|---|---|---|---|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 90.10 | | 90.10 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|--|--|--|--|--|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29264** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: service fee

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 115.10

Date: 03 / 01 / 2019

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 25.00 | | 25.00 |

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29265** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: service fee

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 140.10

Date: 04 / 01 / 2019

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 25.00 | | 25.00 |

C. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29266** Memo Item
PNC Financial Services Group, Inc.
Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: service fee

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 165.10

Date: 05 / 01 / 2019

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 25.00 | | 25.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 75.00 | | 75.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.29267** Memo Item
PNC Financial Services Group, Inc.
 Mailing Address One Financial Parkway
 City Kalamazoo State MI Zip Code 49009
 Purpose of Disbursement: service fee
 Activity or Event Identifier: **Administrative**
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date: 190.10
 Date: 06 / 03 / 2019
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 0.00 + 25.00 = 25.00

B. Full Name (Last, First, Middle Initial) Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date:
 Date: / /
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date:
 Date: / /
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 25.00 | | 25.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 0.00 | | 190.10 | | 190.10 |