Image# 13964038655				PAGE 1 / 52
FEC AI	EPORT OF REC ND DISBURSEI Other Than An Authorized	MENTS		
1. NAME OF TYP	PE OR PRINT V Fx	amples If tuning tune		Jse Only
1. NAME OF TYP COMMITTEE (in full)		ample: If typing, type er the lines.	12FE4M5	_
ADDRESS (number and street)	71 E BROAD ST			
Check if different than previously reported. (ACC)	COLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUME		:	STATE 🔺	ZIP CODE
C C00336834	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
 (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) 	(b) Monthly Report Due On: Mar 20 (M3) Apr 20 (M4) (c) 12-Day PRE-Election Report for the: Election on (d) 30-Day POST-Election Report for the:	Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	 Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y	through 06		113
	eport and to the best of my knc Michael L. Wiseman		M M / D	D / Y Y Y Y Y
			pate 07 10	
NOTE: Submission of false, erroneous Office	s, or incomplete information may si	ubject the person signing th		
Use				C FORM 3X Rev. 12/2004

07/11/2013 13 : 13

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:		: 06 / D D / Y Y Y Y 30 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		8159.01
	(b) Cash on Hand at Beginning of Reporting Period	18136.21	
	(c) Total Receipts (from Line 19)	9105.10	19832.30
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	27241.31	27991.31
7.	Total Disbursements (from Line 31)	7000.00	7750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20241.31	20241.31
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

Image#	13964038657
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 04	01 To: COLUMN A	06 30 2013 COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4925.60	6546.10
(i) Itemized (use Schedule A)	4923.00	0040.10
	4470 50	13286.20
(ii) Unitemized	4179.50	13200.20
(iii) TOTAL (add	9105.10	19832.30
Lines 11(a)(i) and (ii)	3103.10	7 7 7 7 10002.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	9105.10	19832.30
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
8. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. 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
Total Dessints (add Lines 11(d)		
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	0105 10	19832.30
12, 10, 14, 10, 10, 17, and 10(0)	9105.10	19032.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	9105.10	19832.30
	100.10	10032.00

Page 3

I

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.0
(c) Total Operating Expenditures	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c)) ►	0.00	0.00
Other Disbursements	7000.00	7750.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ 	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	7000.00	7750.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7000.00	7750.00
from Line 31)	7000.00	1750.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	9105.10	19832.30
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	9105.10	19832.30
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

••			Detailed Summary Page	2	< 11a		11b	11c		2	<u> </u>		
	ny information copied from such Reports and								conti				
	for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND										
A.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date o	f Re	eceipt						
	Mailing Address 5658 Tynecastle Loop		04 12 2013										
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.19068									
		OIT	43010	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		40.00 payroll deduction of \$40										
	Name of Employer	- F	bayroll c	ieat	action of	\$40							
	Motorists Mutual Ins. Co.												
	Receipt For: Primary General	_											
	Other (specify) ▼		320.00	1									
B.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of Receipt								
	Mailing Address 5658 Tynecastle Loop						04 26 2013						
	City	Zip Code					SA11AI.1						
	Dublin	43016		Amoun	t of	Each F	Receipt thi	is Per	riod	_			
	FEC ID number of contributing federal political committee.	С						.		40.0	00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Persona		p	ayroll d	eau	ction of	\$40					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
с.	Full Name (Last, First, Middle Initial) Michael J. Agan	1			Date o	f Re	eceipt						
	Mailing Address 5658 Tynecastle Loop	05 10 2013											
	City	State OH	Zip Code 43016					SA11AL.					
	Dublin	OIT	43010		Amoun	t of	Each F	Receipt thi	is Per	riod	_		
	FEC ID number of contributing federal political committee.	С				łodu	uction of	, , ,		40.0	00		
	Name of Employer	Occupation	I		payroli (leut		φ 40					
	Motorists Mutual Ins. Co.												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		400.00]									
F	OTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	• -			7		1	120.0	0		
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

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PAGE

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••			Detailed Summary Page		< 11a		11	- H	11c		12		
Δr	y information copied from such Reports and	Statemente m	y not be sold or used by any n	arson	13		14		15 soliciting		16 ntribut		17
	for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND)									
A.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date	of F	Recei	ipt					
	Mailing Address 5658 Tynecastle Loop				[™] 05		/	24	/ Y		013	Y	
	City Dublin	State OH	Transaction ID : SA11AI.19280 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				7		7	_	40.	.00			
	Name of Employer		payroll	dec	ductio	on of S	\$40						
	Motorists Mutual Ins. Co.												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00										
в.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date	of F	Recei	ipt					
	Mailing Address 5658 Tynecastle Loop						06 07 2013						
	City State Zip Code Dublin OH 43016								SA11AI.1				
	Dublin	43016	_	Amou	nt c	of Ea	ich Re	eceipt th	is P	eriod		_	
	FEC ID number of contributing federal political committee.	С			L	_	7			_	40.	00	
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Persona		k	bayroll	ded	luctio	on of \$	640				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]									
с.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date	of F	Recei	ipt					
	Mailing Address 5658 Tynecastle Loop				M 06	М	/	21	/ Y)13	Y	
	City Dublin	State OH	Zip Code 43016						SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	C					7		7	_	40	.00	
	Name of Employer	Occupation	I		payrol	deo	ductio	on of	\$40				
	Motorists Mutual Ins. Co.	VP Persona	al Lines										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) V		520.00										
	UBTOTAL of Receipts This Page (optional)			► _		-	7	_	5	-	120.	00	7
ΙT	OTAL This Period (last page this line number	only)	······)				7			-		_	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Lewis Center C FEC ID number of contributing federal political committee. C Name of Employer Occ Motorist Mutual Ins. Co. Baccent For: C	tate Zip Code DH 43035 supation istant VP gregate Year-to-Date ▼ 225.00	Date of Receipt 04 26 2013 Transaction ID : SA11AI.19072 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Lewis Center C FEC ID number of contributing federal political committee. C Name of Employer Motorist Mutual Ins. Co. Occ Assi	tate Zip Code PH 43035 Pupation stant VP gregate Year-to-Date ▼ 250.00	Date of Receipt
Lewis Center C FEC ID number of contributing federal political committee. C Name of Employer Occ Ass Motorist Mutual Ins. Co. Ass	tate Zip Code DH 43035 supation istant VP gregate Year-to-Date ▼ 275.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		75.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt					
	Mailing Address 2746 Sandhurst Dr.	State	Zip Code	06 / 07 2013					
	Lewis Center	OH	43035	Transaction ID : SA11AI.19349 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	Occupation	1	payroll deduction of \$25					
	Motorist Mutual Ins. Co.	Assistant V	Р						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		300.00						
в.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address 2746 Sandhurst Dr.			06 21 2013					
	City	State	Zip Code	Transaction ID : SA11AI.19415					
	Lewis Center	OH	43035	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VI		 payroll deduction of \$25 					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00						
<u> </u>	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt					
	Mailing Address 1390 Picardae Court			04 / Y Y Y Y 2013					
	City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.19078					
	FEC ID number of contributing federal political committee.	43003	Amount of Each Receipt this Period 80.00						
	Name of Employer	Occupation		payroll deduction of \$80					
	Motorists Mutual Insurance Co.		President and CEO						
	Receipt For:		Year-to-Date ▼	1					
	Primary General Other (specify) ▼		640.00						
s	UBTOTAL of Receipts This Page (optional)		•	130.00					
Т	OTAL This Period (last page this line number c	only)							

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

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	1a [11b	11c		2	
	y information copied from such Reports and St			rson for				g cont		
or	for commercial purposes, other than using the	name and a	aaress of any political committee	to solici	t cont	ributions	trom such	n com	mitte	е.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) John J. Bishop			Da	te of I	Receipt				
	Mailing Address 1390 Picardae Court				04	/ 26	D / Y	20 ²	Y I I 13 _	
	City Powell	State OH	Zip Code 43065				: SA11AI.			
	FEC ID number of contributing federal political committee.	С			iount	or Each	Receipt th	iis Pe	80.0	0
	Name of Employer	Occupation		— pay	roll de	duction o	f \$80			
	Motorists Mutual Insurance Co.	Chairman, F	President and CEO							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00							
в.	Full Name (Last, First, Middle Initial) John J. Bishop			Da	te of I	Receipt				
	Mailing Address 1390 Picardae Court			M	м 05	/ 10	D / Y	y 201	у у З	
	City	State	Zip Code				SA11AI.			
	Powell	OH	43065	Am	ount	of Each	Receipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С			_				80.0	0
	Name of Employer Motorists Mutual Insurance Co.	Occupation		— рауг	oll dec	duction o	f \$80			
	Receipt For:		President and CEO	_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00							
С.	Full Name (Last, First, Middle Initial) John J. Bishop			Da	te of I	Receipt				
	Mailing Address 1390 Picardae Court			M	05		D / Y	201	Y ■ 1 3	
	City	State	Zip Code	Т			: SA11AI.			_
	Powell	OH	43065	Am	ount	of Each	Receipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С		nav	roll de	duction c	of \$80	_	80.0	00
	Name of Employer	Occupation					n 400			
	Motorists Mutual Insurance Co.	Chairman, I	President and CEO	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00							
s	UBTOTAL of Receipts This Page (optional)						- 7		240.0	0
т	OTAL This Period (last page this line number of	only)								

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				on for the purpose of soliciting contributions
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC		C FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers				Date of Receipt
	Mailing Address S86 W33540 Short Drive	State	Zip Code		M M / D D / Y Y Y Y Y 05 10 2013
	Mukwonago	WI	53149-9306		Transaction ID : SA11AI.19081 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Director	I		payroll deduction of \$125
	Receipt For: Primary General		Year-to-Date ▼	250.00	
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)		/J	250.00	
В.	Mrs. Annette Braet				Date of Receipt
	Mailing Address 1831 265th Street	Stata	Zin Codo		05 / 24 2013
	Calamus	State IA	Zip Code 52729		Transaction ID : SA11AI.19283 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Te			payroll deduction of \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet				Date of Receipt
	Mailing Address 1831 265th Street				06 / Y Y Y Y Y 06 07 2013
	City Calamus	State IA	Zip Code 52729		Transaction ID : SA11AI.19350 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			20.00
	Name of Employer	Occupation	l		payroll deduction of \$20
	Iowa Mutual Ins. Co.	V. P. Info T	ech.		-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	
	UBTOTAL of Receipts This Page (optional)				165.00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt
	Mailing Address 1831 265th Street	Otata	7. 0.4	06 / D D / Y Y Y Y Y 21 2013
	City Calamus	State IA	Zip Code 52729	Transaction ID : SA11AI.19416 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info T		— payroll deduction of \$20
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 260.00	
в.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			04 26 2013
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.19096 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Mark	n keting Services & PL	— payroll deduction of \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
с.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	I		Date of Receipt
	Mailing Address 5760 Whispering Trail			05 10 / Y Y Y Y Y 05 10 2013
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.19097 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation		payroll deduction of \$25
	Motorists Mutual Ins. Co. Receipt For:		keting Services & PL	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	. 70.00
Т	OTAL This Period (last page this line number	r only)	••••••	·

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUI	RANCE COMPANY CIVIC FUN	D
A. Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing	State Zip Code OH 43021	Date of Receipt 05 / 24 / 2013 Transaction ID : SA11AI.19287 Amount of Each Receipt this Period 25.00
federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Sr. VP Marketing Services & PL Aggregate Year-to-Date ▼ 275.00	payroll deduction of \$25
Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Sr. VP Marketing Services & PL Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 07 2013 Transaction ID : SA11AI.19354 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Sr. VP Marketing Services & PL Aggregate Year-to-Date ▼ 325.00	Date of Receipt 06 21 2013 Transaction ID : SA11AI.19420 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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••			Detailed Summary Page		11a 13		11b	\vdash	11c		12 16	17
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	for the	pur ntrib	pose (of s	soliciting		ntribut	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI City Dublin FEC ID number of contributing federal political committee.	State OH	Zip Code 43016			act t of	2 ion ID	6) : S	/ Y SA11AI.* eccipt thi	20 1910 is P		00
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Vice Presid Aggregate		p	ayroll d	ledu	lction	of \$	\$25			
B.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI City	State	Zip Code		Date of	/	1	0	/ Y	20)13	Y
	Dublin FEC ID number of contributing federal political committee. Name of Employer	OH C Occupation	43016			t of	Each	Re	ceipt thi			00
	Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Vice Presid										
c.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI				Date of		D		/ Y		Y	Y
	City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Vice Presic Aggregate				t of	ion ID Each	Re	SA11AI.	192	Period	.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 11 13 14	1b 11c 12 4 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC	FUND									
Α.					Date of Rece	ipt							
	Mailing Address 4084 Herald Square Pl	State	Zip Code		06	07 Y Y Y Y 2013							
	Dublin	OH	43016			n ID : SA11AI.19357 ach Receipt this Period							
	FEC ID number of contributing federal political committee.	С			, induit of Ec	25.00							
	Name of Employer	Occupation	1		payroll deducti	on of \$25							
	Motorists Mutual Ins. Company	Vice Presid	ent										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	00.00									
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В.	Douglas L. Dodson				Date of Rece								
	Mailing Address 4084 Herald Square PI		06 21 2013 Transaction ID : SA11AI.19423										
	Dublin	State OH	Zip Code 43016			ID : SA11AI.19423 ach Receipt this Period							
	FEC ID number of contributing federal political committee.	С				25.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid			payroll deductio	on of \$25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 32	25.00									
С.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of Rece	ipt							
	Mailing Address 9240 Griggs Rd				M M / 04	12 / Y Y Y Y 12 2013							
	City Englewood	State FL	Zip Code 34224			n ID : SA11AI.19074 ach Receipt this Period							
	FEC ID number of contributing federal political committee.	С				70.10							
	Name of Employer	Occupation			payroll deducti	on of \$70.10							
	Motorists Mutual Insurance Co.	Director											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 6	35.80									
	UBTOTAL of Receipts This Page (optional)					120.10							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and St for commercial purposes, other than using the					for the			soliciting	con	tributi	ions						
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC	FUND														
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd					Date of		D D		Y	Y	Y						
	City	State	Zip Code			04 Trans	acti	26 on ID :	SA11AI.	20 1 907								
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	FEC ID number of contributing federal political committee.	С				ovrolled		, ction of	\$70.10		70.	10						
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	Motorists Mutual Insurance Co. Receipt For:	Director	Year-to-Date ▼		_													
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в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester					Date of	Re	ceipt										
	Mailing Address 9240 Griggs Rd		05 / D D / Y Y Y Y 2013															
	City	State FL	Zip Code					on ID :	SA11AI.	1907	6							
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	Name of Employer Motorists Mutual Insurance Co.	Occupation Director			— p;	ayroll de	educ	ction of	\$70.10									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	76.00														
C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester					Date of	Re	ceipt										
	Mailing Address 9240 Griggs Rd					м м 05	/	10		y 201		Y						
	City Englewood	State FL	Zip Code 34224						SA11AI. Receipt th									
	FEC ID number of contributing federal political committee.	С						9			75.	00						
	Name of Employer	Occupation			- P	ayroll d	edu	ction of	\$75									
	Motorists Mutual Insurance Co.	Director			_													
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit co	ontribu	tions	from suc	h com	mittee).
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date	of Rec	eipt				
	Mailing Address 9240 Griggs Rd			05	VI /	24	У / Ү	201	Υ ΓΥ 3 _	1
	City Englewood	State FL	Zip Code 34224				SA11AI.	19294		-
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	Name of Employer	Occupation		payroll	deduc	tion of	\$70.10			
	Motorists Mutual Insurance Co. Receipt For:	Director		_						
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 921.10							
в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date	of Rec	eipt				
	Mailing Address 9240 Griggs Rd			06	VI /	07		201		1
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	Primary General Other (specify) ▼	Aggregate	991.20							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date	of Rec	eipt				
	Mailing Address 9240 Griggs Rd			06	M /	21) / Y	201	у у 3	
	City Englewood	State FL	Zip Code 34224				SA11AL			
	FEC ID number of contributing federal political committee.	С					f \$70.10		70.1	0
	Name of Employer	Occupation		payroli	deduc		\$70.10			
	Motorists Mutual Insurance Co.	Director								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1061.30							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Detailed Summary Page 11a 11b 11c 12 12 Any Information copied from such Reports and Statements may not be sold or used by any gerson for the purpose of soloiting contributions from such committee or soloit contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) A. Rolf H. Gesen Malling Address 63 Penacook Rd. Ocupation President City State Zip Code Prenix Mutual President Aggregate Year-to-Date ▼ President Occupation President Rooptin (Specify) ▼ State Zip Code City General Aggregate Year-to-Date ▼ President Occupation President Rooptin For: Operation President Rooptin For: Operation President Malling Address 63 Penacook Rd. C Occupation City General Operation President Roopti For: Operation President Operation President Malling Address 63 Penacook Rd. C Operatobacok<	17										
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	FEC ID number of contributing						7			is Pe		00
	Phenix Mutual	President			payroll (dedu	uctior	ı of S	\$25			
			225.00									
В.	Rolf H. Gesen								()	V	V	V
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c	12							
An	y information copied from such Reports and	Statements ma	av not be sold or used by any	Derson f	13 or the		14 pose of	15 soliciting	16 contrib	utions						
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\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUNE)												
Α.	Full Name (Last, First, Middle Initial) Rolf H. Gesen			1	Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.			06 07 2013 Transaction ID : SA11AI.19365												
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	19365							
	Contoocook	NH	03229	/	Amoun	t of	Each R	Receipt th	is Peric	d						
	FEC ID number of contributing federal political committee.	С						1 05		25.00						
	Name of Employer	Occupation		p	ayroll c	ledu	iction of	\$25								
	Phenix Mutual	President														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_												
	Other (specify) ▼		300.00													
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen	1			Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.				м м 06	/	21) / Y	y y 2013	Y						
	City	State	Zip Code					SA11AI.								
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	FEC ID number of contributing federal political committee.	С							2	5.00						
	Name of Employer Phenix Mutual	Occupation President		pa	ayroll d	edu	ction of	\$25								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00													
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	1		1	Date of	f Re	eceipt									
	Mailing Address 7494 Heffley Court				м м 04	/	26		2013	Y						
	City Canal Winchester	State OH	Zip Code 43110					SA11AI. Receipt th		d						
	FEC ID number of contributing federal political committee.	С					<u>т</u>		2	25.00						
	Name of Employer	Occupation		р	ayroll c	dedu	uction of	\$25								
	The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO													
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11b 14		1c 5	12 16	17			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			[Date of	Re	ceipt							
	Mailing Address 7494 Heffley Court				M M / D D / Y Y Y Y Y 05 10 2013									
	City Canal Winchester	State OH	Zip Code 43110				i on ID : Each F			9140 s Period				
	FEC ID number of contributing federal political committee.	С					7			25	5.00			
	Name of Employer	Occupation		payroll deduction of \$25										
	The Motorists Insurance Group	Sr. VP, Sec	retary & CRO											
	Receipt For: Primary General Other (specify) ▼													
в.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack						ceipt							
	Mailing Address 7494 Heffley Court				05 / Y Y Y Y Y 24 2013									
F	City	State	Zip Code		Trans	acti	on ID :	SA1	1AI.19	9303				
	Canal Winchester	OH	43110	/	Amount	of	Each F	Recei	pt this	s Period				
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	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Sec	retary & CRO	payroll deduction of \$25										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00											
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			[Date of	Re	ceipt							
	Mailing Address 7494 Heffley Court				06 07 2013									
	City Canal Winchester	State OH	Zip Code 43110				ion ID : Each F			9370 s Period				
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	The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO	_										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUNE)							
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt							
	Mailing Address 7494 Heffley Court	Otata	Zip Code	06 / Y Y Y Y 06 21 2013							
	City Canal Winchester	State OH	43110	Transaction ID : SA11AI.19436 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer	Occupation	1	payroll deduction of \$25							
	The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼										
в.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt									
	Mailing Address 1409 Snowmass Road	04 26 2013									
	City	State OH	Zip Code	Transaction ID : SA11AI.19151							
	Columbus		43235	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Fina	n ancial Operations	 payroll deduction of \$25 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
C.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt							
	Mailing Address 1409 Snowmass Road			05 10 / Y Y Y Y 05 10 2013							
	City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.19152							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer	Occupation	1	payroll deduction of \$25							
	Motorists Mutual Ins. Company	VP Life Fin	ancial Operations								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11b 14		11c	12		47				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA															
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road				Date of Receipt											
	City Columbus	State OH	Zip Code 43235		05 24 2013 Transaction ID : SA11AI.19307 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00												
	Name of Employer Motorists Mutual Ins. Company Receipt For:		ancial Operations	payroll deduction of \$25												
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 275.00													
в.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Meiling Address (199.2		Date of Receipt													
	Mailing Address 1409 Snowmass Road City															
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	Receipt For: Primary General Other (specify) ▼															
с.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	Re	eceipt									
	Mailing Address 1409 Snowmass Road				06 21 2013											
	City Columbus	State OH	Zip Code 43235	/					A11AI.19 eipt this		d					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Si for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	Date of Receipt									
	Mailing Address 5729 Superior Avenue			M • M / D • D / Y • Y • Y • Y • Y 04 26 _ 2013 Transaction ID : SA11AI.19164 Amount of Each Receipt this Period							
	City Sheboygan	State WI	Zip Code 53083								
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer	Occupation	1	payroll deduction of \$25							
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼	225.00									
В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser	Date of Receipt									
	Mailing Address 5729 Superior Avenue	05 10 2013									
	City	State	Zip Code	Transaction ID : SA11AI.19165							
	Sheboygan	WI	53083	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	25.00								
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Adu		 payroll deduction of \$25 							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 250.00								
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt							
	Mailing Address 5729 Superior Avenue			05 24 2013							
	City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.19311							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer	Occupation	1	payroll deduction of \$25							
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v		275.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND									
Full Name (Last, First, Middle Initial) A. Mrs. Tami Jones-Fahser	Mrs. Tami Jones-Fahser										
Mailing Address 5729 Superior Avenue	Otata	Zin Oode	06 07 Y Y Y Y Y 06 07 2013								
City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.19378 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer	Occupation		payroll deduction of \$25								
Wilson Mutual Ins. Co.	Sr. V.P. Adr	ninistration									
Receipt For:	Aggregate	Year-to-Date ▼	1								
Other (specify)		300.00									
Full Name (Last, First, Middle Initial) B. Mrs. Tami Jones-Fahser	Date of Receipt										
Mailing Address 5729 Superior Avenue	Mailing Address 5729 Superior Avenue										
City	State	Zip Code	06 21 2013 Transaction ID : SA11AI.19444								
Sheboygan	WI	53083	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Adn	ninistration	payroll deduction of \$25								
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General										
Full Name (Last, First, Middle Initial) C. David L. Kaufman			Date of Receipt								
Mailing Address 7925 Greenside Lane			04 12 2013								
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.19166 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer	Occupation		payroll deduction of \$30								
Motorists Mutual Ins Co	Executive V	P & COO									
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify)											
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman	Date of Receipt									
	Mailing Address 7925 Greenside Lane			04 26 / Y Y Y Y 04 26 2013							
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.19167 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer	Occupation	1	payroll deduction of \$30							
	Motorists Mutual Ins Co	/P & COO									
	Receipt For: Primary General Other (specify) ▼										
В.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt							
	Mailing Address 7925 Greenside Lane	M = M / D = D / Y = Y = Y = Y 05 10 2013									
	City Worth in store	State OH	Zip Code	Transaction ID : SA11AI.19168							
	Worthington FEC ID number of contributing federal political committee.	С	43235	Amount of Each Receipt this Period 30.00							
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		payroll deduction of \$30							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
<u></u> с.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt							
	Mailing Address 7925 Greenside Lane			05 24 2013							
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.19312							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer	Occupation	1	payroll deduction of \$30							
	Motorists Mutual Ins Co	Executive \	/P & COO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	90.00							
т	OTAL This Period (last page this line number of	only)	·····								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND									
A.				Date of Receipt								
	Mailing Address 7925 Greenside Lane	State	Zip Code	06 / 07 / 2013 Transaction ID : SA11AI.19379								
	Worthington	OH	43235	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer	Occupation		payroll deduction of \$30								
	Motorists Mutual Ins Co	Executive V	/P & COO									
	Receipt For:	Year-to-Date ▼										
	Primary General Other (specify) ▼		360.00									
B.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt								
	Mailing Address 7925 Greenside Lane			06 21 2013								
	City	State OH	Zip Code	Transaction ID : SA11AI.19445								
	Worthington	С	43235	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	30.00										
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		payroli deduction of \$30								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00									
с.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt								
	Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y Y 05 24 2013								
	City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.19313								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer	Occupation		payroll deduction of \$20								
	Motorists Mutual Ins. Co.	VP and CIC)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00									
s	UBTOTAL of Receipts This Page (optional)			80.00								
т	OTAL This Period (last page this line number o	nly)										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road			Date of Receipt							
	City	State OH	Zip Code 43031	06 07 2013 Transaction ID : SA11AI.19380							
	FEC ID number of contributing federal political committee.	C	43031	Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		 payroll deduction of \$20 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
Β.	Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road	Date of Receipt									
	City Johnstown	State OH	Zip Code 43031	06 21 2013 Transaction ID : SA11AI.19446 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		payroll deduction of \$20							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
C.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt							
	Mailing Address 6934 Roundwood Ct.	Ctoto	Zin Code	04 26 2013							
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.19173 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer	Occupation									
	Motorists Mutual Ins. Company	Vice Presid	ent	_							
	Receipt For: Primary General Other (specify) ▼										
s	UBTOTAL of Receipts This Page (optional)		•••••	65.00							
т	OTAL This Period (last page this line number of	only)	•••••								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.	State	Zip Code	Date of Receipt							
	Dublin	OH	43016	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		 payroll deduction of \$25 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt									
	Mailing Address 6934 Roundwood Ct.			05 / 24 / 2013							
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.19314 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Preside		 payroll deduction of \$25 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
с.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt							
	Mailing Address 6934 Roundwood Ct.	<u> </u>	7. 0.1	06 / Y Y Y Y 2013							
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.19381 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer	Occupation		payroll deduction of \$25							
	Motorists Mutual Ins. Company Receipt For:	Vice Presid		_							
	Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V									
s	UBTOTAL of Receipts This Page (optional)		•	75.00							
т	OTAL This Period (last page this line number of	only)	••••••								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

	EMIZED RECEIPTS		for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIV									
A.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt										
	Mailing Address 6934 Roundwood Ct.	State	Zip Code		M = M / D = D / Y = Y = Y = Y 06 21 2013							
	Dublin	OH	43016		Transaction ID : SA11AI.19447 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			25.00							
	Name of Employer	Occupation	I		payroll deduction of \$25							
	Motorists Mutual Ins. Company	Vice Presid	ent		-							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		7 7	325.00								
B.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	Date of Receipt 05 24 2013										
	Mailing Address 728 South 29th Street											
	City	State	Zip Code		Transaction ID : SA11AI.19318							
	Manitowoc	WI	45220		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			20.00							
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency	y Operations		payroll deduction of \$20							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00								
с.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin				Date of Receipt							
	Mailing Address 728 South 29th Street				06 07 2013							
	City Manitowoc	State WI	Zip Code 45220		Transaction ID : SA11AI.19385 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			20.00							
	Name of Employer	Occupation	l		payroll deduction of \$20							
	Wilson Mutual Ins. Co.	V.P. Agenc	y Operations									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		7 7	240.00								
	UBTOTAL of Receipts This Page (optional)				65.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND								
Α.		Date of Receipt									
	Mailing Address 728 South 29th Street	Otata	Zin Onde	06 / 21 2013							
	City Manitowoc	State WI	Zip Code 45220	Transaction ID : SA11AI.19451 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agenc	n cy Operations	payroll deduction of \$20							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt									
	Mailing Address 116 Clarke Lane	04 26 2013									
	City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.19188 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	1	payroll deduction of \$25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
с.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence			Date of Receipt							
	Mailing Address 116 Clarke Lane			05 10 / Y Y Y Y 05 10 2013							
	City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.19189 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	1	payroll deduction of \$25							
	Prinelix Mutual File Ins. Co. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)			70.00							
Т	OTAL This Period (last page this line number o	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)

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			Detailed Summary Page		< 11a 13		11b	b	11c 15		12 16	17							
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose		oliciting		ntribut	ions							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR																		
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton	State NH	Zip Code 03229		Date of Receipt 05 24 2013 Transaction ID : SA11AI.19319 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For:	C Occupation Sr. V.P. Aggregate	Year-to-Date ▼ 275.00		bayroll d	ledu	ıctior	n of \$i	25	_	25.	00							
В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City	. Todd Lawrence ing Address 116 Clarke Lane State Zip Code							Date of Receipt										
	Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Sr. V.P.			Amount ayroll d		,				25.	00							
C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Other (specify)	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 325.00		Date of 06 Trans Amount	/ sact	ion I Eac	21 <u>ID : S</u> ch Red	A11AI.	20 194		Ч 00							
	UBTOTAL of Receipts This Page (optional)			-			7	-	7		75.(00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Α.	Mailing Address 345 Southshore Drive			Date of Receipt 04 / D D / Y Y Y Y Y 26 2013								
	City Greenback	State TN	Zip Code 37742	Transaction ID : SA11AI.19190 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		125.00								
	Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) v	Occupation Director Aggregate	Year-to-Date ▼ 250.00	 payroll deduction of \$125 								
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court			Date of Receipt								
	City Manitowoc	State WI	Zip Code 54220	04 12 2013 Transaction ID : SA11AI.19200 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		45.00								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		payroll deduction of \$45								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
с.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt								
	Mailing Address 2135 Hunters Ridge Court		7. 0.1	04 / D D / Y Y Y Y 04 26 2013								
	City Manitowoc	State WI	Zip Code 54220	Transaction ID : SA11AI.19201 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		45.00 payroll deduction of \$45								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 405.00	-								
s	UBTOTAL of Receipts This Page (optional)		▶	215.00								
т	OTAL This Period (last page this line number of	only)										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 33 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Si for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUNE)						
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt						
	Mailing Address 2135 Hunters Ridge Court	State	Zip Code	05 10 2013 Transaction ID : SA11AI.19202						
	Manitowoc	WI	54220	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		45.00						
	Name of Employer	Occupation	1	payroll deduction of \$45						
	Motorists Mutual Ins. Co.	Director								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		450.00]						
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt						
	Mailing Address 2135 Hunters Ridge Court	05 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Manitowoc	State WI	Zip Code 54220	Transaction ID : SA11AI.19323						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	payroll deduction of \$45						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt						
	Mailing Address 2135 Hunters Ridge Court	06 07 2013								
	City Manitowoc	State WI	Zip Code 54220	Transaction ID : SA11AI.19390						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 45.00						
	Name of Employer	payroll deduction of \$45								
	Motorists Mutual Ins. Co.									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00]						
s	UBTOTAL of Receipts This Page (optional)			135.00						
т	OTAL This Period (last page this line number of	only)								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b		1c 5		12 16		17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose d	of solid	citing		ntribut					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/															
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court			Date of Receipt												
	<u></u>	Ctata	Zin Codo	_	06	I,	2		Ļ)13					
	City Manitowoc	State WI	Zip Code 54220		Trans Amount) : SA1 Recei								
	FEC ID number of contributing federal political committee.	С			45.00											
	Name of Employer	Occupation		payroll deduction of \$45												
	Motorists Mutual Ins. Co. Receipt For:	Director		_												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00													
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	eceipt									
	Mailing Address 4612 Club Dr., Unit 201		04 12 2013													
	City Port Charlotte	State FL	Zip Code 33953		Trans							_				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer Retired from MIG	Occupation Director		— p	ayroll de	edu	ction c	of \$50								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1												
с.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	eceipt									
	Mailing Address 4612 Club Dr., Unit 201				м м 04	/	2	26	Y	ү 20	13	Y				
	City Port Charlotte	State FL	Zip Code 33953		Trans Amount			D : SA1								
	FEC ID number of contributing federal political committee.	С					,		,			.00				
	Name of Employer	Occupation	I		bayroll d	ledu	uction	of \$50								
	Retired from MIG	Director														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00													
s	UBTOTAL of Receipts This Page (optional)			I			7		<u> </u>		145.	00	7			
Т	OTAL This Period (last page this line number	only)	•••••••	•			7		7			_				

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Se for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt
	City Port Charlotte	State FL	Zip Code 33953	05 10 2013 Transaction ID : SA11AI.19208
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Retired from MIG Receipt For: Primary General Other (specify) V	Occupation Director Aggregate	Year-to-Date ▼ 500.00	payroll deduction of \$50
В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201 City	State	Zip Code	Date of Receipt
	Port Charlotte FEC ID number of contributing federal political committee.	FL C	33953	Transaction ID : SA11AI.19325 Amount of Each Receipt this Period 50.00
	Name of Employer Retired from MIG Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 550.00	payroll deduction of \$50
C .	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt
	City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.19392 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Retired from MIG Receipt For:	C Occupation Director Aggregate	Year-to-Date ▼ 600.00	payroll deduction of \$50
s	UBTOTAL of Receipts This Page (optional)		•	150.00
т	OTAL This Period (last page this line number of	only)		

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		(check only one)										
			Detailed Summary Page		< 11a 13	$\left - \right $	11b 14		11c 15		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose o	of sol	liciting	, cont	tributio	ons			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	f Re	ceipt								
Mailing Address 4612 Club Dr., Unit 201					м м 06	/	21		/ Y	20 ²	12				
	City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.19458 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer Retired from MIG	Occupation Director		r	 payroll deduction of \$50 										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 650.00												
B.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Re	ceipt								
	Mailing Address 1026 Loch Ness Avenue			04 26 2013											
City Worthington			Zip Code 43085		Transaction ID : SA11AI.19228 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00											
Beceint For:			g Prod & Svs	— p	ayroll d	educ	ction of	f \$25	5						
			Year-to-Date ▼ 225.00												
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Re	ceipt								
	Mailing Address 1026 Loch Ness Avenue				м м 05	/	1(/ Y	y 201	3				
Boogint For:			Zip Code 43085		Trans Amount										
							7				25.0	00			
			g Prod & Svs		payroll d	ieau	cuon c	л ф2;	5						
			Year-to-Date ▼ 250.00												
⊢	UBTOTAL of Receipts This Page (optional)			I			7 I	-	3	-	100.0	0			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by an ddress of any political comm	y person ittee to sc	for the plicit cor	purp ntribu	ose of utions	soliciting from such	cor CO	ntribut mmitt	ions ee.			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUN	1D										
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt											
	Mailing Address 1026 Loch Ness Avenue				05 24 2013									
	City	State	Zip Code		Trans	actio	on ID :	SA11AI.	1933	32				
	Worthington	OH	43085		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		_	25.	00			
	Name of Employer	Occupation	1	p	ayroll d	leduc	ction of	\$25						
	Motorists Mutual Ins. Company	VP Planning	g Prod & Svs											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		275.00											
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Rec	ceipt							
	Mailing Address 1026 Loch Ness Avenue				M M / D D / Y Y Y Y Y 06 07 2013									
	City	State	Zip Code		Trans	actic	on ID :	SA11AI.1	1939	19				
	Worthington	OH	43085	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		25.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs	p	ayroll d	educ	tion of	\$25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
с.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Rec	ceipt							
	Mailing Address 1026 Loch Ness Avenue				м м 06	/	D 21			13	Y			
	City	State OH	Zip Code					SA11AI.						
	Worthington	OIT	43085		Amount	t of E	Each F	Receipt th	is P	eriod		_		
	FEC ID number of contributing federal political committee.	С					,		_	25	.00			
	Name of Employer	Occupation		P	payroll deduction of \$25									
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs											
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)													
s	UBTOTAL of Receipts This Page (optional)						,		_	75.	00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt									
	City	State	Zip Code	04 12 2013 Transaction ID : SA11AI.19236								
	Westlake FEC ID number of contributing federal political committee.	ОН	44145	Amount of Each Receipt this Period								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	 payroll deduction of \$55 								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00									
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place			Date of Receipt								
	City Westlake	State OH	Zip Code 44145	04 26 2013 Transaction ID : SA11AI.19237 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		payroll deduction of \$55								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 495.00									
с.				Date of Receipt								
	Mailing Address 29270 Hampshire Place			M M / D D / Y Y Y Y 05 10 2013								
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.19238 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		55.00								
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director										
	Primary General Other (specify)	Year-to-Date ▼ 550.00										
s	UBTOTAL of Receipts This Page (optional)		•	165.00								
т	OTAL This Period (last page this line number	only)	•••••									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Mill Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	obert C. Smith									
	City Westlake	State OH	Zip Code 44145	05 24 2013 Transaction ID : SA11AI.19335							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 605.00	payroll deduction of \$55							
В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place City	State	Zip Code	Date of Receipt							
	Westlake FEC ID number of contributing federal political committee.	ОН	44145	Transaction ID : SA11AI.19402 Amount of Each Receipt this Period 55.00							
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director Aggregate	Year-to-Date ▼	 payroll deduction of \$55 							
	Full Name (Last, First, Middle Initial)		660.00								
C.				Date of Receipt							
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.19468 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		55.00							
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director Aggregate	Year-to-Date ▼	payroll deduction of \$55							
	Other (specify) ▼	715.00									
s	UBTOTAL of Receipts This Page (optional)			165.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14		11c 15	\vdash	12 16	17							
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose o		oliciting	con	ntributi	ons							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND	1															
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date of	Re	ceipt												
	Mailing Address 6900 Kindler Drive		7. 0		04 26 Y Y Y Y Y 04 26 2013														
	City New Albany	State OH	Zip Code 43054	A	Transaction ID : SA11AI.19243 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С				_	7		7		25.								
	Name of Employer	Occupation		- pa	ayroll d	ledu	ction o	f \$2	25										
	Motorists Mutual Ins. Co.	Sr. VP CL 8	& Affiliate Operations																
	Receipt For:	Aggregate	Year-to-Date ▼																
	Other (specify)		225.00																
в.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date of	Re	ceipt												
	Mailing Address 6900 Kindler Drive		05 10 2013																
	City	State OH	Zip Code						<u> 111AI.1</u>			-							
	New Albany		43054	A	Amount	t of	⊨ach I	нес	eipt thi	is Pe	eriod	_							
	FEC ID number of contributing federal political committee.	mmittee.									payroll deduction of \$25								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL &	Affiliate Operations	pa	ayroll du	edu	GUON O	ı \$ 2	. 0										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]															
c.	Full Name (Last, First, Middle Initial) Charles D. Stapleton				Date of	Re	ceipt												
	Mailing Address 6900 Kindler Drive				м м 05	1	24		/ Y	20 [°]	ү 13	Y							
	City New Albany	State OH	Zip Code 43054	A					A11AI.1 ceipt thi			-							
	FEC ID number of contributing federal political committee.	С					7	4.7	7		25.	00							
	Name of Employer	Occupation		p;	ayroll d	iedu	ICTION C	of \$2	20										
	Motorists Mutual Ins. Co.	Sr. VP CL &	& Affiliate Operations																
	Receipt For:	Aggregate	Year-to-Date ▼																
	Other (specify)		275.00																
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	\mid	11b 14	11c		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the				or the		ose of	soliciting		ntribut	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR														
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive			Date of Receipt											
	City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.19404 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,		_	25	.00				
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)		& Affiliate Operations Year-to-Date ▼ 300.00	— p	ayroli d	eau	ction of \$	\$25							
В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive				Date of	Re /	D D	/ Y		Y	Ŷ				
	City New Albany FEC ID number of contributing	06 21 2013 Transaction ID : SA11AI.19470 Amount of Each Receipt this Period 25.00													
	federal political committee. Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL 8	Affiliate Operations	— pa	ayroll de	educ	tion of \$	\$25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00												
C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road				Date of	Re	·								
	City Glenford	State OH	Zip Code 43739					SA11AI.	20 192		Y				
	FEC ID number of contributing federal political committee.	С		n	avroll d	edu	ction of	, \$25	_	25	.00				
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice Presid				cuu		φ£0							
	Primary General Other (specify)														
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt								
	Mailing Address 8816 Cooks Hill Road	State	Zip Code	05 10 2013 Transaction ID : SA11AI.19247								
	Glenford	OH	43739	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer	Occupation		payroll deduction of \$25								
	Motorists Mutual Insurance Company	Vice Presid	ent	_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 8816 Cooks Hill Road			05 24 2013								
	City	State OH	Zip Code	Transaction ID : SA11AI.19338								
	Glenford	_	43739	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$25								
	Name of Employer Motorists Mutual Insurance Company	Occupation										
	Receipt For:	Vice Preside	ent Year-to-Date ▼									
	Primary General Other (specify) V	Ayyreyale	Year-to-Date ▼ 275.00									
С.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt								
	Mailing Address 8816 Cooks Hill Road			M = M / D = D / Y = Y = Y Y 06 07 2013								
	City Glenford	State OH	Zip Code 43739	Transaction ID : SA11AI.19405								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer	Occupation		payroll deduction of \$25								
	Motorists Mutual Insurance Company	Vice Presid	ent									
	Receipt For: Primary General Other (specify) ▼											
	UBTOTAL of Receipts This Page (optional)			75.00								

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

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			for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FU	IND										
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road				Date of Receipt									
	City Glenford	State OH	Zip Code 43739		Transaction ID : SA11AI.19471 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice Presid Aggregate		10	payroll deduction of \$25									
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue		Date of Receipt											
	City Lewis Center FEC ID number of contributing federal political committee.	State OH	Zip Code 43035		04 26 2013 Transaction ID : SA11AI.19249 Amount of Each Receipt this Period 25.00 payroll deduction of \$25									
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.0	0										
c.					Date of Receipt									
	Mailing Address 2060 Maxwell Avenue	State	Zip Code		05 10 2013 Transaction ID : SA11AI.19250									
	Lewis Center	OH	43035		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer	Occupation			payroll deduction of \$25									
	Motorists Mutual Ins. Company Receipt For:	Assist. V. F												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the												
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND										
A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt									
	Mailing Address 2060 Maxwell Avenue	State	Zip Code	05 / 24 _ 2013									
	Lewis Center	OH	43035	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation	1	payroll deduction of \$25									
	Motorists Mutual Ins. Company	Assist. V. P	р.										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		275.00										
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt									
	Mailing Address 2060 Maxwell Avenue			06 07 2013									
	City	State OH	Zip Code	Transaction ID : SA11AI.19406									
	Lewis Center	_	43035	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$25									
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
с.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt									
	Mailing Address 2060 Maxwell Avenue			06 21 Y Y Y Y Y 2013									
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.19472 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation	1	payroll deduction of \$25									
	Motorists Mutual Ins. Company	Assist. V. F	D.										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		325.00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC	FUND										
Α.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs				Date of Receipt									
	Mailing Address 1300 Scenic Hill Ln.	State	Zip Code		05 10 7 2013									
	DeWitt	IA	52742		Transaction ID : SA11AI.19254 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			125.00									
	Name of Employer	Occupation	1		payroll deduction of \$125									
	Iowa Mutual Ins. Co.	Director												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 2	50.00										
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt											
	Mailing Address 7105 Lakebrook Blvd.	05 24 _2013												
	City	State	Zip Code	-	Transaction ID : SA11AI.19341									
	Columbus	OH	43235		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			20.00									
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside			payroll deduction of \$20									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2:	20.00										
С.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger				Date of Receipt									
	Mailing Address 7105 Lakebrook Blvd.				06 07 Y Y Y Y Y Y 06 07 2013									
	City Columbus	State OH	Zip Code 43235		Transaction ID : SA11AI.19408 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			20.00									
	Name of Employer	Occupation	1		payroll deduction of \$20									
	Motorists Mutual Insurance Company													
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		2	40.00										
	UBTOTAL of Receipts This Page (optional)				165.00									

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

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	EMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 13	1 ⁻	1b 4	11c 15		12 16	17				
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC	FUND											
Α.					Date of Receipt										
	Mailing Address 7105 Lakebrook Blvd.	State	Zip Code		06		21	/ Y	201		Y				
	Columbus	OH	43235	-	Transaction ID : SA11AI.19474 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				, ,		, 1		20.	00				
	Name of Employer	Occupation			payroll d	leducti	on of \$	20							
	Motorists Mutual Insurance Company Receipt For:	Vice Presid	Year-to-Date ▼												
	Primary General Other (specify)	Aggregate		60.00											
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western				Date of	Rece	ipt								
	Mailing Address 5203 South 8th Street			04 12 _ 2013 _											
	City	State	Zip Code				ID : S		19258	в					
	Sheboygan	WI	53081		Amount	t of Ea	ach Re	ceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С			40.00										
	Name of Employer Wilson Mutual Ins. Company	Occupation President	1		 payroll deduction of \$40 										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 32	20.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Robert L. Western				Date of	Rece	ipt								
	Mailing Address 5203 South 8th Street				м м 04	1	D D D 26	/ Y	y 201	у З	Y				
	City Sheboygan	State WI	Zip Code 53081		Trans Amount		n ID : S ach Re				_				
	FEC ID number of contributing federal political committee.	С						,		40.	.00				
	Name of Employer	Occupation	1		payroll d	leaucti	on or \$	40							
	Wilson Mutual Ins. Company Receipt For:	President													
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	60.00	0										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA												
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt									
	Mailing Address 5203 South 8th Street		7.0.1	05 / D D / Y Y Y Y 05 10 2013									
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.19260 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		40.00									
	Name of Employer Wilson Mutual Ins. Company	Occupation President	1	 payroll deduction of \$40 									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street			Date of Receipt									
	City Sheboygan	State WI	Zip Code 53081	05 24 2013 Transaction ID : SA11AI.19342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	40.00											
	Name of Employer Wilson Mutual Ins. Company	Occupation President	1	 payroll deduction of \$40 									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00										
с.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt									
	Mailing Address 5519 Medallion Drive W.			04 12 2013									
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.19267 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	n Ops & Corp. Svs	payroll deduction of \$30									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
s	UBTOTAL of Receipts This Page (optional)		•	110.00									
т	OTAL This Period (last page this line number	only)	••••••										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

	EMIZED RECEIPTS		for each category of th Detailed Summary Pag		X 11a 13	11b	11c	12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC F	UND									
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt										
	Mailing Address 5519 Medallion Drive W.	State	Zip Code		M M 04	26		2013	Y				
	Westerville	OH	43082			action ID of Each I			1				
	FEC ID number of contributing federal political committee.	С				7			0.00				
	Name of Employer	Occupation		payroll d	eduction o	f \$30							
	Motorists Mutual Ins. Co.	Sr. VP Life	Ops & Corp. Svs										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼	Primary General											
в.	Full Name (Last, First, Middle Initial)				Date of	Receipt							
	Mailing Address 5519 Medallion Drive W.		05 10 _2013										
	City	State	Zip Code		Transaction ID : SA11AI.19269								
	Westerville	OH	43082		Amount	is Period	1						
	FEC ID number of contributing federal political committee.	С			- payroll deduction of \$30								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.	00									
С.	Full Name (Last, First, Middle Initial)				Date of	Receipt							
	Mailing Address 5519 Medallion Drive W.		05 24 2013										
	City Westerville	State OH	Zip Code 43082						1				
	FEC ID number of contributing federal political committee.	С				- 7 -		3	0.00				
	Name of Employer	Occupation			payroll d	eduction o	ch Receipt this Period 30.00 n of \$30						
	Motorists Mutual Ins. Co.	Sr. VP Life											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify)	.00											
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т	OTAL This Period (last page this line number c	only)		►			7						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 49 OF

			Detailed Summary Page	×	11a 13	╞	11b 14	11c	\vdash	12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting		ntribut	ions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND													
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.		Date of Receipt													
	City		06 07 2013 Transaction ID : SA11AI.19411													
	Westerville	OH	Zip Code 43082	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			agyroll deduction of \$30											
	Name of Employer	p	ayroll d	eal	Iction of	\$30										
	Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Sr. VP Life Ops & Corp. Svs Aggregate Year-to-Date ▼ 360.00														
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt													
	Mailing Address 5519 Medallion Drive W.															
	City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.19477											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 30.00 payroll deduction of \$30											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs	— pa												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00													
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt													
	Mailing Address 90 Timberknoll Loop		04 12 _2013 _													
	City Powell	State OH	Zip Code 43065		Transaction ID : SA11AI.19273 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			35.00											
	Name of Employer	р	ayroll d	ledu	uction of	f \$35										
	Motorists Mutual Ins Company Receipt For:	Sr VP,Trea		_												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]												
s	UBTOTAL of Receipts This Page (optional)			•			7			95.	00					
т	OTAL This Period (last page this line number	only)					7									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 50 OF

		Detailed Summary Page	X 11a 11b 11c 11c 113 14 15	12									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting co										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF													
Full Name (Last, First, Middle Initial) A. Michael L. Wiseman	Date of Receipt												
Mailing Address 90 Timberknoll Loop	·												
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.19274										
FEC ID number of contributing		+3000	Amount of Each Receipt this Period										
federal political committee.	C		payroll deduction of \$35	35.00									
Name of Employer													
Motorists Mutual Ins Company Receipt For:	Motorists Mutual Ins Company Sr VP,Treas.,CFO Beceint For:												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00											
Full Name (Last, First, Middle Initial) B. Michael L. Wiseman			Date of Receipt										
Mailing Address 90 Timberknoll Loop													
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.192										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this F	35.00									
Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Trea		payroll deduction of \$35										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]										
Full Name (Last, First, Middle Initial) C. Michael L. Wiseman			Date of Receipt										
Mailing Address 90 Timberknoll Loop	Mailing Address 90 Timberknoll Loop												
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.193 Amount of Each Receipt this R										
FEC ID number of contributing federal political committee.	С		7	35.00									
Name of Employer	Occupation	payroll deduction of \$35											
Motorists Mutual Ins Company	Sr VP,Trea	s.,CFO											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00											
SUBTOTAL of Receipts This Page (optional).				105.00									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop	Date of Receipt									
	City Powell	State OH	Zip Code 43065	06 07 2013 Transaction ID : SA11AI.19413							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	torists Mutual Ins Company Sr VP,Treas.,CFO ceipt For: Aggregate Year-to-Date ▼ Primary General									
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop	Date of Receipt									
	City Powell FEC ID number of contributing	State OH	Zip Code 43065	06 21 2013 Transaction ID : SA11AI.19479 Amount of Each Receipt this Period							
	federal political committee. Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas		payroll deduction of \$35							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00								
C.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	City	State Zip Code									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)		•	70.00							
т	OTAL This Period (last page this line number c	nly)	•	4925.60							

S	CHEDULE B (FEC Form 3X)							UMBER	:		P	AGE	52	OF 52			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			hec	k on 21b		/ one)									
	Detailed Summary Page			\vdash	27	-	28a	-	28b	280	×		26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											ng co	ntribu				
	NAME OF COMMITTEE (In Full)																
	MOTORISTS MUTUAL INSURAN		IPANY CIVI	C FI		ID											
Α.	Full Name (Last, First, Middle Initial) Kasich for Ohio						Date o	of Dis	sburse	ement							
	Mailing Address 14 E. Gay Street 2nd Floor								06 03 2013								
	City S Columbus	State OH	Zip Code 43209					Transaction ID : SB29.19480									
	Purpose of Disbursement Contribution		43209					Amount of Each Disbursement this Period									
	Candidate Name							Amoun	it of	Each	Disburse	ement	t this	Period			
				Category/ Type				L.		,	7		200	0.00			
	Office Sought: House Disburser Senate	ment For: Primary	General														
	President	Other (spe	cify) 🔻														
	State: OH District: Full Name (Last, First, Middle Initial)																
В.	NAMIC PAC							Date o	of Dis	sburse	ement						
	Aailing Address 122 C Street, NW, Suite 540						_	04 17 2013									
								2010									
	City Sashington	State DC	Zip Code 20001					Transaction ID : SB29.19278									
	Purpose of Disbursement contribution							Amour	+ of	Fach	Disburg	mont	t thio	Doriod			
	Candidate Name			Category/				Amount of Each Disbursement this Period									
			Туре							500	0.00						
	Office Sought: House Disburser Senate	ment For: Primary	General														
	President	Other (spe															
	State: District: Full Name (Last, First, Middle Initial)						+										
C.								Date o	of Dis	sburse	ement						
	Mailing Address								/	D	D /	YY	Y	Y			
		State	Zip Code														
	Purpose of Disbursement																
	Candidate Name							Amount of Each Disbursement this Period									
				Cate T	ego ype												
	Office Sought: House Disburser Senate	ment For: Primary	General														
	President	Other (spe															
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s	UBTOTAL of Disbursements This Page (optional)												7000	0.00			
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