

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00336834

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 01 2013 through 06 30 2013

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

Signature of Treasurer Michael L. Wiseman [Electronically Filed] Date 07 10 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4925.60	6546.10
(ii) Unitemized	4179.50	13286.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9105.10	19832.30
(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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9105.10	19832.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9105.10	19832.30

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Michael J. Agan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.19068
 Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

B. Michael J. Agan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.19069
 Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

C. Michael J. Agan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
 Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. VP Personal Lines
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.19070
 Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

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

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

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

FOR LINE NUMBER: PAGE 7 OF 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19280

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19348

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19414

Amount of Each Receipt this Period

40.00

 payroll deduction of \$40

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19072

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19073

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19281

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11Al.19349

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. David R. Benseler
Full Name (Last, First, Middle Initial)

Mailing Address 2746 Sandhurst Dr.

City Lewis Center	State OH	Zip Code 43035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11Al.19415

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. John J. Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11Al.19078

Amount of Each Receipt this Period

80.00

 payroll deduction of \$80

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11Al.19079

Amount of Each Receipt this Period

80.00

 payroll deduction of \$80

B. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11Al.19080

Amount of Each Receipt this Period

80.00

 payroll deduction of \$80

c. John J. Bishop
Full Name (Last, First, Middle Initial)
Mailing Address 1390 Picardae Court

City Powell	State OH	Zip Code 43065
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11Al.19282

Amount of Each Receipt this Period

80.00

 payroll deduction of \$80

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Richard B. Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address S86 W33540 Short Drive
 City Mukwonago State WI Zip Code 53149-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.19081
 Amount of Each Receipt this Period 125.00
 payroll deduction of \$125

B. Mrs. Annette Braet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1831 265th Street
 City Calamus State IA Zip Code 52729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.19283
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

C. Mrs. Annette Braet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1831 265th Street
 City Calamus State IA Zip Code 52729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.19350
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Mrs. Annette Braet
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : **SA11AI.19416**

Amount of Each Receipt this Period **20.00**
payroll deduction of \$20

B. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : **SA11AI.19096**

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

C. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 10 / 2013**
Transaction ID : **SA11AI.19097**

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : SA11AI.19287

Amount of Each Receipt this Period **25.00**
payroll deduction of \$25

B. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

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

C. Mr. Grady Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

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)..... **75.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square PI

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19105

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square PI

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19106

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square PI

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19290

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square Pl

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19357

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Douglas L. Dodson
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square Pl

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19423

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.19074

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

SUBTOTAL of Receipts This Page (optional).....▶	120.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **705.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2013

Transaction ID : SA11Al.19075

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **776.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

Transaction ID : SA11Al.19076

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **851.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

Transaction ID : SA11Al.19077

Amount of Each Receipt this Period

75.00

 payroll deduction of \$75

SUBTOTAL of Receipts This Page (optional).....▶	215.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **921.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19294

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **991.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19361

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1061.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19427

Amount of Each Receipt this Period

70.10

 payroll deduction of \$70.10

SUBTOTAL of Receipts This Page (optional).....▶	210.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19124
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.19125
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.19298
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 19 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.19365
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. Rolf H. Gesen
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Penacook Rd.
 City Contoocook State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.19431
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Motorists Insurance Group Occupation Sr. VP, Secretary & CRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.19139
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 20 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.19140
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

B. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.19303
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

C. Mrs. Susan E. Haack
 Full Name (Last, First, Middle Initial)
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Group Sr. VP, Secretary & CRO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.19370
 Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mrs. Susan E. Haack
Full Name (Last, First, Middle Initial)

Mailing Address 7494 Heffley Court

City	State	Zip Code
Canal Winchester	OH	43110

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

Name of Employer	Occupation
The Motorists Insurance Group	Sr. VP, Secretary & CRO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19436

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City	State	Zip Code
Columbus	OH	43235

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

Name of Employer	Occupation
Motorists Mutual Ins. Company	VP Life Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19151

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City	State	Zip Code
Columbus	OH	43235

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

Name of Employer	Occupation
Motorists Mutual Ins. Company	VP Life Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19152

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19307

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19374

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. Peter A. Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Snowmass Road

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19440

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19164
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

B. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.19165
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

C. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.19311
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.19378
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

B. Mrs. Tami Jones-Fahser
Full Name (Last, First, Middle Initial)
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.19444
Amount of Each Receipt this Period 25.00
payroll deduction of \$25

C. David L. Kaufman
Full Name (Last, First, Middle Initial)
Mailing Address 7925 Greenside Lane
City Worthington State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.19166
Amount of Each Receipt this Period 30.00
payroll deduction of \$30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2013
Transaction ID : SA11AI.19167

Amount of Each Receipt this Period
30.00
payroll deduction of \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2013
Transaction ID : SA11AI.19168

Amount of Each Receipt this Period
30.00
payroll deduction of \$30

C. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Ins Co Executive VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2013
Transaction ID : SA11AI.19312

Amount of Each Receipt this Period
30.00
payroll deduction of \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

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

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

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19379

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

B. David L. Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins Co	Occupation Executive VP & COO
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19445

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

c. John C. Kessler
Full Name (Last, First, Middle Initial)

Mailing Address 3910 Caswell Road

City Johnstown	State OH	Zip Code 43031
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19313

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John C. Kessler		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.19380
Mailing Address 3910 Caswell Road		Amount of Each Receipt this Period 20.00 payroll deduction of \$20
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 240.00	
Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : SA11AI.19446
Mailing Address 3910 Caswell Road		Amount of Each Receipt this Period 20.00 payroll deduction of \$20
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 260.00	
Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anne B. King		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 Transaction ID : SA11AI.19173
Mailing Address 6934 Roundwood Ct.		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 225.00	
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)
A. Anne B. King

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11Al.19174

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Anne B. King

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11Al.19314

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
C. Anne B. King

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11Al.19381

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name (Last, First, Middle Initial)
A. Anne B. King

Mailing Address 6934 Roundwood Ct.

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Mr. Michael S Lappin

Mailing Address 728 South 29th Street

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

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19318

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

Full Name (Last, First, Middle Initial)
C. Mr. Michael S Lappin

Mailing Address 728 South 29th Street

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

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

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

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

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

FOR LINE NUMBER: PAGE 30 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Michael S Lappin
Full Name (Last, First, Middle Initial)
Mailing Address 728 South 29th Street

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

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

Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19451

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

B. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

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

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19188

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

C. Mr. Todd Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 116 Clarke Lane

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

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

Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19189

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.19319
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.19386
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. Mr. Todd Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.19452
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. David W. Lemon
Full Name (Last, First, Middle Initial)

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19190

Amount of Each Receipt this Period 125.00
payroll deduction of \$125

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.19200

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

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19201

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19202

Amount of Each Receipt this Period

45.00

 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19323

Amount of Each Receipt this Period

45.00

 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19390

Amount of Each Receipt this Period

45.00

 payroll deduction of \$45

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert L. McCracken
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 Hunters Ridge Court
 City Manitowoc State WI Zip Code 54220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **585.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : SA11AI.19456
 Amount of Each Receipt this Period **45.00**
 payroll deduction of \$45

B. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired from MIG Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 12 / 2013**
Transaction ID : SA11AI.19206
 Amount of Each Receipt this Period **50.00**
 payroll deduction of \$50

c. Thomas C. Ogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 Club Dr., Unit 201
 City Port Charlotte State FL Zip Code 33953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired from MIG Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : SA11AI.19207
 Amount of Each Receipt this Period **50.00**
 payroll deduction of \$50

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19208

Amount of Each Receipt this Period

50.00

 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19325

Amount of Each Receipt this Period

50.00

 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19392

Amount of Each Receipt this Period

50.00

 payroll deduction of \$50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : SA11AI.19458

Amount of Each Receipt this Period **50.00**

payroll deduction of \$50

B. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City Worthington State OH Zip Code 43085

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 26 / 2013**

Transaction ID : SA11AI.19228

Amount of Each Receipt this Period **25.00**

payroll deduction of \$25

C. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City Worthington State OH Zip Code 43085

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 10 / 2013**

Transaction ID : SA11AI.19229

Amount of Each Receipt this Period **25.00**

payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2013
Transaction ID : SA11AI.19332

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

B. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2013
Transaction ID : SA11AI.19399

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

C. Randolph A. Rudowicz
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Occupation
Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2013
Transaction ID : SA11AI.19465

Amount of Each Receipt this Period
25.00
payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11Al.19236

Amount of Each Receipt this Period

55.00

 payroll deduction of \$55

B. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11Al.19237

Amount of Each Receipt this Period

55.00

 payroll deduction of \$55

C. Mr. Robert C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11Al.19238

Amount of Each Receipt this Period

55.00

 payroll deduction of \$55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.19335
 Amount of Each Receipt this Period
 55.00
 payroll deduction of \$55

B. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.19402
 Amount of Each Receipt this Period
 55.00
 payroll deduction of \$55

C. Mr. Robert C. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 29270 Hampshire Place
 City State Zip Code
 Westlake OH 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Co. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 715.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.19468
 Amount of Each Receipt this Period
 55.00
 payroll deduction of \$55

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19243

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

B. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19244

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

c. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19337

Amount of Each Receipt this Period

25.00

 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.19404

Amount of Each Receipt this Period 25.00
payroll deduction of \$25

B. Charles D. Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Kindler Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.19470

Amount of Each Receipt this Period 25.00
payroll deduction of \$25

C. Tamera A. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City Glenford State OH Zip Code 43739

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19246

Amount of Each Receipt this Period 25.00
payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.19247

Amount of Each Receipt this Period
25.00

payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.19338

Amount of Each Receipt this Period
25.00

payroll deduction of \$25

Full Name (Last, First, Middle Initial)
C. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.19405

Amount of Each Receipt this Period
25.00

payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
 Glenford OH 43739

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

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.19471

Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
B. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City State Zip Code
 Lewis Center OH 43035

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

Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.19249

Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

Full Name (Last, First, Middle Initial)
C. Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City State Zip Code
 Lewis Center OH 43035

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

Name of Employer Occupation
 Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.19250

Amount of Each Receipt this Period
 25.00
 payroll deduction of \$25

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.19339
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

B. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.19406
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

C. Mr. Craig Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 Maxwell Avenue
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.19472
 Amount of Each Receipt this Period 25.00
 payroll deduction of \$25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Alan R. Tubbs
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Scenic Hill Ln.

City DeWitt	State IA	Zip Code 52742
----------------	-------------	-------------------

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

Name of Employer Iowa Mutual Ins. Co.	Occupation Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19254

Amount of Each Receipt this Period

125.00

 payroll deduction of \$125

B. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19341

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

C. Peter A. Weisenberger
Full Name (Last, First, Middle Initial)

Mailing Address 7105 Lakebrook Blvd.

City Columbus	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19408

Amount of Each Receipt this Period

20.00

 payroll deduction of \$20

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

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

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

FOR LINE NUMBER: PAGE 46 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter A. Weisenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7105 Lakebrook Blvd.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.19474
 Amount of Each Receipt this Period 20.00
 payroll deduction of \$20

B. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.19258
 Amount of Each Receipt this Period 40.00
 payroll deduction of \$40

C. Mr. Robert L. Western
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 South 8th Street
 City Sheboygan State WI Zip Code 53081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Mutual Ins. Company Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19259
 Amount of Each Receipt this Period 40.00
 payroll deduction of \$40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.19260

Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

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

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.19342

Amount of Each Receipt this Period
 40.00
 payroll deduction of \$40

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.19267

Amount of Each Receipt this Period
 30.00
 payroll deduction of \$30

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19268

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

B. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

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**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.19269

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

C. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.19345

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.19411

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

B. Charles A. Wickert
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.19477

Amount of Each Receipt this Period

30.00

 payroll deduction of \$30

C. Michael L. Wiseman
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

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

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP, Treas., CFO
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.19273

Amount of Each Receipt this Period

35.00

 payroll deduction of \$35

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

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

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

FOR LINE NUMBER: PAGE 50 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael L. Wiseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Timberknoll Loop
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.19274
 Amount of Each Receipt this Period 35.00
 payroll deduction of \$35

B. Michael L. Wiseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Timberknoll Loop
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.19275
 Amount of Each Receipt this Period 35.00
 payroll deduction of \$35

C. Michael L. Wiseman
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Timberknoll Loop
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.19347
 Amount of Each Receipt this Period 35.00
 payroll deduction of \$35

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

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

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

FOR LINE NUMBER: PAGE 51 OF 52
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

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

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2013

Transaction ID : SA11AI.19413

Amount of Each Receipt this Period

35.00

 payroll deduction of \$35

Full Name (Last, First, Middle Initial)
B. Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

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

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2013

Transaction ID : SA11AI.19479

Amount of Each Receipt this Period

35.00

 payroll deduction of \$35

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

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SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	4925.60

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kasich for Ohio

Mailing Address 14 E. Gay Street
2nd Floor

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : SB29.19480

Amount of Each Disbursement this Period

2,000.00

Full Name (Last, First, Middle Initial)

B. NAMIC PAC

Mailing Address 122 C Street, NW, Suite 540

City Washington State DC Zip Code 20001

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

Transaction ID : SB29.19278

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

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

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

7,000.00

7,000.00
