	FE FORN	-	REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	PAGE 1 / 33
1.	NAME (TYPE OR PRINT ▼ Example: If typing, type 12EE4M5	fice Use Only
Γ.		TEE (in full)	JAL INSURANCE COMPANY CIVIC FUND	
١D	DRESS (r	number and street)	471 E BROAD ST 	
•		eck if different		
		n previously prted. (ACC)		43215
2.	FEC ID	ENTIFICATION	NUMBER V CITY A STATE A	ZIP CODE
I .		C00336834 OF REPORT One)	(b) Monthly Report Due On:	(M8) Nov 20 (M1 (Non-Election Year Only)
	(a) Qua	rterly Reports:	Mar 20 (M3) Jun 20 (M6) Sep 20	(M9) Dec 20 (M1 (Non-Election Year Only)
		April 15 Quarterly Depart	Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
	п	Quarterly Report	(C) 12-Day Primary (12P) General (12C)	G) Runoff (12R)
	n i	Quarterly Report October 15	Report for the: Convention (12C) Special (12S)
	×	Quarterly Report January 31		in the State of
		Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY)	ar (d) 30-Day ection POST-Election General (30G) Runoff (30R)	
		Termination Rep (TER)	Election on	in the State of
5.	Covering		12 01 2020 through 12 31	2020
0	ertify that	I have examined	d this Report and to the best of my knowledge and belief it is true, correct and co	omplete.

2021

01

Date

29

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

[Electronically Filed]

Signature of Treasurer

	Office Use Only				FEC FORM 3X Rev. 05/2016
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:	2 01 / Y Y Y Y 2020 To:	12 / D D / Y Y Y Y 12 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		53044.30
	(b) Cash on Hand at Beginning of Reporting Period	36308.30	
	(c) Total Receipts (from Line 19)	2020.00	31690.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	38328.30	84734.30
7.	Total Disbursements (from Line 31)	5039.00	51445.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33289.30	33289.30
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:	1 01 2020 To	12 31 2020
	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)	1990.00	23675.00
	(ii) Unitemized	30.00	8015.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	2020.00	31690.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ Transfers From Affiliated/Other	2020.00	31690.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	2020.00	31690.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2020.00	31690.00

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Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B	
II. Disbursements	COLUMN A Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	39.00	78.00	
(b) Other Federal Operating Expenditures	0.00	117.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	39.00	195.00	
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00		
		0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including			
Non-Federal Donations)	5000.00	51250.00	
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
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	
Tatal Diaburgamenta (add Linca Of (a) 20			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5039.00	51445.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	5000.00	51367.00	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

J.	Vot Operating Experiatures
	subtract Line 37 from Line 36)

						2020.00
	7			-7		
						0.00
l a se	-	1	1	-7	1	0.00
						2020.00
	 -			- 7		2020.00
						0.00
	 7			7		0.00
1	 7			-7		0.00
100						0.00
	 					0.00

					21600.00
		-7		-7	31690.00
					0.00
		-	 	-	0.00
1					04000.00
		-		-	31690.00
1	1				447.00
		7		7	117.00
				-	0.00
		-		-	
		-7-		_	117.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE)			
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 12 08 2020			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30790 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For: Primary General	Pres	upation (for Individual) sident MLIC Year-to-Date ▼	Memo Item Payroll Deduction			
Other (specify)	L	760.00				
Full Name of Individual (Last, First, Middle Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	Initial) or Full C	rganization Name	Date of Receipt			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30803 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]			
Full Name of Individual (Last, First, Middle C. Ashcraft, David, , ,	Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 1323 Ada Lane	I		12 / D D / Y Y Y Y Y 12 08 2020			
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.30772 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Insurance	Occ VP	upation (for Individual)	Payroll Deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]			
SUBTOTAL of Receipts This Page (optional)			105.00			
TOTAL This Period (last page this line numb	er only)					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

7 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions be to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUNE)		
Full Name of Individual (Last, First, Middle A. Ashcraft, David, , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 1323 Ada Lane			12 22 2020		
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.30804 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Insurance	Occi VP	upation (for Individual)	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]		
Full Name of Individual (Last, First, Middle Begley, Jolie, , , Mailing Address 2645 McVey Blvd West	Initial) or Full O	rganization Name	Date of Receipt		
City Columbus	State	Zip Code 43235	12 08 2020 Transaction ID : SA11AI.30784		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual) >	Memo Item Payroll Deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00]		
Full Name of Individual (Last, First, Middle C. Begley, Jolie, , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 2645 McVey Blvd West			12 / Y Y Y Y 12 22 2020		
City Columbus	State OH	Zip Code 43235	Transaction ID : SA11AI.30805 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual) Motorists Insurance Group	Occi AVP	upation (for Individual)	Payroll Deduction		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional))		55.00		
TOTAL This Period (last page this line numb	per only)				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

8 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Mi A. Benintendi, Jeff, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 12 08 2020							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30781 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) Motorists Insurance	Occi EVF	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	3							
Full Name of Individual (Last, First, Mi Benintendi, Jeff, , , Mailing Address 5658 Tynecastle Loop	ddle Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code 43016	12 22 2020 Transaction ID : SA11AI.30842							
FEC ID number of contributing federal political committee.	C	43010	Amount of Each Receipt this Period							
Name of Employer (for Individual) Motorists Insurance	Occ	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00								
Full Name of Individual (Last, First, Mi C. Bills, Alissa, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5300 Snider Loop			12 08 / Y Y Y Y 2020							
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.30760 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co.	AVP	upation (for Individual) Marketing	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
SUBTOTAL of Receipts This Page (option	onal)		215.00							
TOTAL This Period (last page this line r	umber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 9 OF 33 y one)								
) RECEIPTS		for each category of the Detailed Summary Page	X 11a 13	11b 11c 12 14 15 16 17								
	on copied from such Reports and rcial purposes, other than using the				purpose of soliciting contributions ntributions from such committee.								
	COMMITTEE (In Full) RISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND										
A. Bills, Alis	of Individual (Last, First, Middle I SSA, , , dress 5300 Snider Loop	nitial) or Full C	rganization Name	Date of Receipt									
City		State	Zip Code	12									
New Albar	Ŋ	OH	43054	Amoun	t of Each Receipt this Period								
	mber of contributing itical committee.	С			15.00								
	mployer (for Individual) Iutual Insurance Co.		upation (for Individual) P Marketing		emo Item Deduction								
Receipt Fo		Aggregate	Year-to-Date ▼ 315.00										
B. Bright,	of Individual (Last, First, Middle I Jon, A., Mr., ^{dress} 4915 Norfolk Place	nitial) or Full C	organization Name	Date o	f Receipt								
				12	08 2020								
City Bettendorf		State IA	Zip Code 52722		action ID : SA11AI.30775								
FEC ID nu	mber of contributing itical committee.	С			t of Each Receipt this Period								
Name of E Iowa Mutua	Employer (for Individual) al Ins. Co.		upation (for Individual) V.P.		emo Item Deduction								
Receipt Fo		Aggregate	Year-to-Date V										
Othe	ary General r (specify) ▼		300.00										
	of Individual (Last, First, Middle I Jon, A., Mr.,	nitial) or Full C	organization Name	Date o	f Receipt								
	dress 4915 Norfolk Place	01-1-	7. 0.4	12	22 2020								
City Bettendor	f	State IA	Zip Code 52722		saction ID : SA11AI.30839 t of Each Receipt this Period								
	mber of contributing itical committee.	С			15.00								
Iowa Mutu		Occ Sr. V	upation (for Individual) /.P.		emo Item Deduction								
Receipt Fo		Aggregate	Year-to-Date ▼ 315.00										
	of Receipts This Page (optional)				45.00								
TOTAL This	Period (last page this line number	er only)	••••••	·									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	MPANY CIVIC FUNI	כ							
Full Name of Individual (Last, First, Middle A. Brock, Thomas, J., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 60 E. Spring St. #326			12 08 2020							
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30802 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00								
Full Name of Individual (Last, First, Middle Brock, Thomas, J., , Mailing Address 60 E. Spring St. #326	Initial) or Full O	rganization Name	Date of Receipt							
City Columbus	State	Zip Code 43215	12 22 2020 Transaction ID : SA11AI.30838 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, Middle C. Campbell, Grady, , Mr.,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5760 Whispering Trail	1 -	I	12 08 Y Y Y Y Y 2020							
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.30776 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Sr. \	upation (for Individual) /P Marketing Services & PL	Payroll Deduction							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00								
SUBTOTAL of Receipts This Page (optional))		▶ 80.00							
TOTAL This Period (last page this line numb	per only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)			(check only one)						
			for each category of the Detailed Summary Page	×	11a 13	\vdash	11b 14	11c	12	17	
					or the p	purp	ose of	soliciting	contribut	ions	
		NCE CC	MPANY CIVIC FUND								
A. Campbell	, Grady, , Mr.,	al) or Full Or	rganization Name	D	ate of	Red	ceipt				
Mailing Add	ress 5760 Whispering Trail			Ιſ	^M ■ ^M 12	/	D D 22	/ Y	ү ү 2020	Y	
City Galena		State OH	Zip Code 43021	Transaction ID : SA11AI.30837 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.							.	-	50.0	00	
Motorists M	utual Ins. Co.	Sr. V	upation (for Individual) /P Marketing Services & PL	Pa	Me yroll D		Item ction				
Prima	Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer (for Individual) Motorists Life Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Individual (Last, First, Middle In Craig, Camille, , Mrs., Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing <		Aggregate Year-to-Date ▼ 700.00								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						reint				
			Date of Receipt								
		State OH	Zip Code 43230					SA11AL			
FEC ID nur	5	С	Amount of Each Receipt this Period								
		Occu Assi	Pa	Me yroll De		Item ction					
Prima	ry General	Aggregate	Year-to-Date ▼ 300.00								
		al) or Full Or	rganization Name	D	ate of	Red	ceipt				
	ress 4282 Hunts Drive				^M 12	/	D D D 22	/ Y	y y 2020	Y	
		State OH	Zip Code 43230					SA11AL: eceipt th	30836 is Period		
	5	С			_		, .		15.0	00	
Motorists Li	fe Ins. Co.		upation (for Individual) stant Vice President Life Adm.	Pa	Me ayroll D		ltem ction				
Prima		Aggregate	Year-to-Date ▼ 315.00								
SUBTOTAL o	f Receipts This Page (optional)		•				,	. ,	80.0	00	
TOTAL This F	Period (last page this line number or	וy)	••••••				<u>, , , , , , , , , , , , , , , , , , , </u>				

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CC	MPANY CIVIC FUND								
Full Name of Individual (Last, First, Mide Eppley, Jason, M, Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7918 Brianna Drive			12 08 Y Y Y Y Y 2020							
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.30778 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) , Commercial Production & Servi	Ce Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Mide B. Eppley, Jason, M, Mr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7918 Brianna Drive			12 / D D / Y Y Y Y 22 2020							
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.30835 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Commercial Production & Servi	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
Full Name of Individual (Last, First, Mide C. Fallen, Hope, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2642 Blue Lick Rd.			12 08 / Y Y Y Y 2020							
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.30777 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Motorists Insurance Group	Occi AVP	ipation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
SUBTOTAL of Receipts This Page (option	al)		55.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

IT		Use separate schedule(s)		(cheo	(check only one)									
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting		tions				
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND											
	Full Name of Individual (Last, First, Middle Initi Fallen, Hope, , ,	al) or Full Or	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 2642 Blue Lick Rd.				12 / D D / Y Y Y Y 22 2020									
	City Winfield	State WV	Zip Code 25213		Transaction ID : SA11AI.30834 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-		25.	00				
	Name of Employer (for Individual) Motorists Insurance Group	Occu AVP	pation (for Individual)	Pa	M yroll D		Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]										
B.	Full Name of Individual (Last, First, Middle Initia Fee, Jeffrey, S, ,	nitial) or Full Organization Name				Re	ceipt							
	Mailing Address 537 Courtright Court	Ctoto 7in Code				12 / D D / Y Y Y Y 2020								
City Pickeri	Pickerington	State OH	Zip Code 43147		Transaction ID : SA11AI.30779 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			15.00									
	Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines			M yroll D		Item ction							
	Receipt For: Primary General Other (specify) ▼	Aggregate]											
	Full Name of Individual (Last, First, Middle Initia Fee, Jeffrey, S, ,	al) or Full Or	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 537 Courtright Court	1			12 22 2020									
	City Pickerington	State OH	Zip Code 43147					SA11AI. Receipt th	.30833 his Period					
	FEC ID number of contributing federal political committee.	С		ļļ	-		y	. ,	15.	00				
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		pation (for Individual) Vice President Commercial Line	s Pa	M ayroll E		ltem Iction							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00]										
SI	JBTOTAL of Receipts This Page (optional)						,	. ,	55.	00				
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
I LIVILLU REVEILIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Middl A. Feldner, Cynthia, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5367 Stotlz Ave										
City Groveport	State OH	Zip Code 43125	Transaction ID : SA11AI.30768 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) PAccounting	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
Full Name of Individual (Last, First, Middl Feldner, Cynthia , , , Mailing Address 5367 Stotlz Ave	e Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 22 2020							
Groveport	OH	43125	Transaction ID : SA11AI.30832 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) P Accounting	Memo Item Payroll Deduction							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		315.00]							
Full Name of Individual (Last, First, Middl C. Fullenkamp, Joseph, P, ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3123 Summit Street			12 / D D / Y Y Y Y 2020							
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.30782 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occi Asst	upation (for Individual) VP	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00]							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND)							
Full Name of Individual (Last, First, Middle A. Fullenkamp, Joseph, P, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3123 Summit Street			M M / D D / Y Y Y Y 12 22 2020							
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.30831 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
Full Name of Individual (Last, First, Middle B. Gandee, Stephen, , , Mailing Address 96 Pleasant Colony Dr	Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 08 2020							
Evans	WV	25241	Transaction ID : SA11AI.30796 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occ AVF	upation (for Individual) >	Payroll Deduction							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		285.00]							
Full Name of Individual (Last, First, Middle Gandee, Stephen, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 96 Pleasant Colony Dr			M M / D D / Y Y Y Y 12 22 2020							
City Evans	State WV	Zip Code 25241	Transaction ID : SA11AI.30830 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi AVP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]							
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TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUNE)								
Full Name of Individual (Last, First, Middle Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3500 Leap Rd.			M M / D D / Y Y Y Y 12 08 2020								
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.30761 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) Motorists Insurance Group Receipt For:	VP		Memo Item Payroll Deduction								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
Full Name of Individual (Last, First, Middle B. Gilmore, Amy, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3500 Leap Rd.	Ctoto	Zin Code	12 / D D / Y Y Y Y 2020								
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.30829 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		25.00								
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Memo Item Payroll Deduction								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]								
Full Name of Individual (Last, First, Middle C. Guanciale, Dino, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4819 St. Andrews Circle			12 / D D / Y Y Y Y 12 08 2020								
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.30773 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) . VP	Payroll Deduction								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]								
SUBTOTAL of Receipts This Page (optional			65.00								
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SCHEDULE A (FEC Form 3X)

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	y information copied from such Reports and Sta for commercial purposes, other than using the r				n for the	purpose	e of solid	citing	contribu	tions			
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FU	ND									
A.	Full Name of Individual (Last, First, Middle Initia Guanciale, Dino, , ,	al) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 4819 St. Andrews Circle				12 ^M	/ D	22	Y	y y 2020	Y			
	City Westerville	State OH		Transaction ID : SA11AI.30828 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.								-	15.	00			
	Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) t. VP	Payroll D	emo Ite Peductio								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00										
B.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full Or	rganization Name		Date of	Receip	ot						
	Mailing Address 5999 Lane Road	Ototo		12 / D / Y Y Y Y 12 08 2020									
City Center	Centerburg	State OH	Zip Code 43011	-	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.			Payroll D	emo Ite eductio							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00										
с.	Full Name of Individual (Last, First, Middle Initia Hall, Marc S., , ,	al) or Full Or	rganization Name		Date of	Receip	ot						
	Mailing Address 5999 Lane Road				M M 12	/ D	22	Y	2020	Y			
	City Centerburg	State OH	Zip Code 43011				ID:SA1						
	FEC ID number of contributing federal political committee.	С				, <u>,</u>		9	15.	00			
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.		M Payroll D	emo Ite Deductic							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
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SCHEDULE A (FEC Form 3X) • •

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		Use separate schedule(s)	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND								
Full Name of Individual (Last, First, Middle I A. Henderson, Thomas, J., ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9725 Wagonwood Drive			M M / D D / Y Y Y Y 12 08 2020							
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.30780 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle I Henderson, Thomas, J., , Mailing Address 9725 Wagonwood Drive	Initial) or Full C	rganization Name	Date of Receipt							
City	State	Zip Code	12 22 2020 Transaction ID : SA11AI.30826							
Pickerington	OH	43147	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims	Memo Item Payroll Deduction							
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		315.00]							
Full Name of Individual (Last, First, Middle I C. Howat, James, Christopher, ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 250 Daniel Burnham Sq Un			12 08 <u>2020</u>							
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.30766 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Motorists Insurance	Occ	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1050.00]							
SUBTOTAL of Receipts This Page (optional)			80.00							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s)		(che	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	Γ	17	
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND									
Α.	Full Name of Individual (Last, First, Middle Init Howat, James, Christopher, ,		rganization Name		Date of Receipt							
	Mailing Address 250 Daniel Burnham Sq Unit 5				12 / D D / Y Y Y Y 22 2020							
	City Columbus	State OH	Zip Code 43215	A	Transaction ID : SA11AI.30825 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					-		5	0.00		
	Name of Employer (for Individual)	Оссі	pation (for Individual)		N	lemo	b Item					
	Motorists Insurance	EVP		Pa	yroll l	Ded	uction					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		1100.00									
–	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr.,	ial) or Full O	rganization Name		Date o	of Be						
υ.	Mailing Address 6401 Rossmore Lane		12 08 / Y Y Y Y 12 08 2020							1		
	City	State	Zip Code		Trans	sact	ion ID :	SA11AL	.30770			
	Canal Winchester	OH	43110	A	Amount of Each Receipt th				nis Perio	bd		
	FEC ID number of contributing federal political committee.	С	15.00									
	Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.			Memo Item Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr.,	ial) or Full O	rganization Name)ate o	of Be	ceint					
0.	Mailing Address 6401 Rossmore Lane				Date of Receipt							
	City Canal Winchester	State OH	Zip Code 43110	A				SA11AI Receipt th		bd		
	FEC ID number of contributing federal political committee.	С					y		1	5.00		
	Name of Employer (for Individual) Motorists Mutual Ins Company		ipation (for Individual) st. V. P.	Pa			o Item uction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00									
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle A. Kessler, John C., , ,	nitial) or Full C	Drganization Name	Date of Receipt						
Mailing Address 3910 Caswell Road			12 08 2020						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.30783 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	VP	upation (for Individual) and CIO	Payroll Deduction						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	1						
Full Name of Individual (Last, First, Middle Kessler, John C. , , ,	nitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 3910 Caswell Road	State	Zip Code	12 / D D / Y Y Y Y Y 22 2020						
City Johnstown	OH	43031	Transaction ID : SA11AI.30823 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		cupation (for Individual) and CIO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
Full Name of Individual (Last, First, Middle C. King, Teresa M., , ,	nitial) or Full C	Drganization Name	Date of Receipt						
Mailing Address 1139 Tidewater Court			12 08 / Y Y Y Y 2020						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.30799 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 435.00]						
SUBTOTAL of Receipts This Page (optional).			80.00						
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SCHEDULE A (FEC Form 3X)

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			Use separate schedule(s)	(ch	(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	 	′ 11a 13		11b	11c	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	contribu	itions	
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUNE)							
A.	Full Name of Individual (Last, First, Middle Initia King, Teresa M., , ,	al) or Full Or	organization Name		Date of	Re	ceipt				
	Mailing Address 1139 Tidewater Court				^M 12	/	D D D 22	/ Y	y y 2020	Y	
	City Westerville	State OH	Zip Code 43082					SA11AI.		 	
	FEC ID number of contributing federal political committee.	С					7	т. тр.	40	.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P.	F	Payroll D		Item ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00]							
в.	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	al) or Full Or	organization Name		Date of	Re	ceipt				
	Mailing Address 116 Clarke Lane				м м 12	/	D D 08	/ Y	ү ү 2020	Ŷ	
	City Hopkinton	State Zip Code NH 03229			Transaction ID : SA11AI.30801 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			25.00						
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.			Payroll Deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00]							
С.	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	al) or Full Or	Prganization Name		Date of	Re	ceipt				
	Mailing Address 116 Clarke Lane				^M 12	/	D D D 22		2020	Y	
	City Hopkinton	State NH	Zip Code 03229				-	SA11AI.		 	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		25	.00	
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V		Dayroll D		Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNI)							
Full Name of Individual (Last, First, Middle A. Lisi, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 12 08 2020							
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.30792 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	Ass	upation (for Individual) ist. V. P. Year-to-Date ▼	Payroll Deduction							
Primary General Other (specify) ▼	Aggregate	285.00]							
Full Name of Individual (Last, First, Middle B. Lisi, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6740 Callaway Court			12 / D D / Y Y Y Y 12 22 2020							
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.30820 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle C. Marshall, Brandon, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 74 Cassidy Dr.			12 08 / Y Y Y Y 2020							
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.30764 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
SUBTOTAL of Receipts This Page (optiona	l)		55.00							
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a 3	11b 14	11c	12		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			rson for	the p	urpose of	soliciting	g contril	butior	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND							
A.	Full Name of Individual (Last, First, Middle Initia Marshall, Brandon, , ,	al) or Full O	organization Name	Da	te of I	Receipt				
	Mailing Address 74 Cassidy Dr.				м 12	/ D 1	р / Y	y 2020		1
	City Winfield	State WV	Zip Code 25213			ction ID : of Each F			od	
	FEC ID number of contributing federal political committee.	С				-y		2	25.00	
	Name of Employer (for Individual) Brickstreet Insurance	Occu VP	upation (for Individual)	Pay		no Item duction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00							
в.	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	al) or Full O	organization Name	Da	te of I	Receipt				
	Mailing Address 48 E. Frankfort St.				[™] 12	/ 08		y 2020	Y Y]
	City Columbus	State OH	Zip Code 43206			tion ID :	-			
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 40.00					
	Name of Employer (for Individual) Motorists Insurance	Occu	upation (for Individual)	Payr		no Item duction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia McGee, Bill, , ,	al) or Full O	Organization Name	Da	te of I	Receipt				
	Mailing Address 48 E. Frankfort St.			м	12 ^M	/ D [2020		1
	City Columbus	State OH	Zip Code 43206			ction ID : of Each F	-		od	-
	FEC ID number of contributing federal political committee.	С				, .	. ,		0.00	
Name of Employer (for Individual)OcMotorists InsuranceSV			upation (for Individual)	Pay		no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00							
s	UBTOTAL of Receipts This Page (optional)		•			,	. ,	10	5.00	
т	OTAL This Period (last page this line number or	nly)	····· •						-	

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middl Moore, Marchelle, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2717 Gatewood Rd.			12 08 2020						
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.30787 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 565.00]						
Full Name of Individual (Last, First, Middl B. Moore, Marchelle, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2717 Gatewood Rd.			12 / ^D / ^Y Y Y Y Y 22 2020						
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.30817						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 605.00							
Full Name of Individual (Last, First, Middl C. Myles, Leslie, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 306 Schall Place			M M / D D / Y Y Y Y 12 08 2020						
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.30785 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Oc Brickstreet Insurance VF			15.00						
		upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00]						
SUBTOTAL of Receipts This Page (optiona	l)		95.00						
TOTAL This Period (last page this line num	iber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	OMPANY CIVIC FUND)							
Full Name of Individual (Last, First, Middle A. Myles, Leslie, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place			12 22 2020							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.30816 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle B. Obrokta, TJ, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8810 Ventura Way	State	Zip Code	12 / D D / Y Y Y Y 12 08 2020							
Dublin	OH	43016	Transaction ID : SA11AI.30800 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00]							
Full Name of Individual (Last, First, Middle Obrokta, TJ, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8810 Ventura Way			12 / Y Y Y Y 12 22 2020							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.30815 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1							
SUBTOTAL of Receipts This Page (optional)			115.00							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNI)							
Full Name of Individual (Last, First, Midd Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4460 Swenson Street			12 08 2020							
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.30788 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00								
Full Name of Individual (Last, First, Midd B. Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4460 Swenson Street			12 / D D / Y Y Y Y 22 2020							
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.30814 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00								
Full Name of Individual (Last, First, Midd C. Puchala, Damian, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 325 Olenview Circle			12 / D D / Y Y Y Y 12 08 2020							
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30769 Amount of Each Receipt this Period							
Motorists Mutual Ins. Company As			15.00							
		upation (for Individual) st. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
SUBTOTAL of Receipts This Page (optiona	al)		45.00							
TOTAL This Period (last page this line nur	nber only)									

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVILLED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1'				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUN	D				
Full Name of Individual (Last, First, Middle A. Puchala, Damian, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y 12 22 2020				
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.30812 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00					
Full Name of Individual (Last, First, Middle B. Rudowicz, Randolph A., , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1026 Loch Ness Avenue	Otata	Zin Onde	12 08 2020				
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.30794 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00					
Full Name of Individual (Last, First, Middle C. Rudowicz, Randolph A., , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1026 Loch Ness Avenue			12 22 2020				
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.30811 Amount of Each Receipt this Period				
Motorists Mutual Ins. Company			25.00				
		upation (for Individual) Planning Prod & Svs	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00					
SUBTOTAL of Receipts This Page (optional)		65.00				
TOTAL This Period (last page this line num	ber only)						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

		Use separate schedule(s)	(check only one)						
I EIVILLED REVEILIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF									
Full Name of Individual (Last, First, Middle I A. Slattery, Austin, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			12 08 2020						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.30762 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Co. Receipt For:	Ass	upation (for Individual) istant VP	Payroll Deduction						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Middle I B. Slattery, Austin, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.	0+-+-	Zin Oode	12 / D = D / Y = Y = Y = Y 22 2020						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.30810 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) sistant VP	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]						
Full Name of Individual (Last, First, Middle I C. Smithers, Ralph W., , , Jr.	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 6418 Summers Nook Drive			M M / D D / Y Y Y Y 12 08 2020						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.30793 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	VPI	upation (for Individual) MAX Service	Payroll Deduction						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00]						
SUBTOTAL of Receipts This Page (optional)			45.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middl ASmithers, Ralph W., , , Jr.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6418 Summers Nook Driv	/e		12 22 2020						
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.30809 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) MAX Service	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Middl B. Walz, Chris, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 832			12 08 2020						
City Hurricane	State WV	Zip Code 25526	Transaction ID : SA11AI.30767 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ	upation (for Individual) >	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
Full Name of Individual (Last, First, Middl C. Walz, Chris, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 832			M M / D D / Y Y Y Y 12 22 2020						
City Hurricane	State WV	Zip Code 25526	Transaction ID : SA11AI.30808 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Brickstreet Insurance	Occi AVP	upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00]						
SUBTOTAL of Receipts This Page (optiona	I)		55.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

			Use separate schedule(s)	(che	(check only one)						
	REVEIPIJ		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c 15	12	17	
	n copied from such Reports and S cial purposes, other than using the				for the	purpo	se of s	oliciting	contribu	utions	
	COMMITTEE (In Full) RISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FUNE)							
Full Name A. Wieland,	of Individual (Last, First, Middle Ini Steve, , ,	tial) or Full O	rganization Name		Date of	Rece	eipt				
Mailing Add	ress 2811 Deverell Dr				^M ^M 12	1	D D 08	/ Y	y y 2020	Y	
City Blacklick		State OH	Zip Code 43004				n ID : Sa ach Rec		30798 is Period	d d	
	nber of contributing ical committee.	С						-	15	.00	
Motorists In	nployer (for Individual) surance Group	Occi AVP	upation (for Individual)	P	Me Payroll D	emo li educt					
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 285.00	1							
B. Wieland	of Individual (Last, First, Middle Ini , Steve, , , ^{ress} 2811 Deverell Dr	tial) or Full O	rganization Name		Date of	Rece	eipt		Y Y	Y	
City		State Zip Code			12 22 2020 Transaction ID : SA11AI.30807						
Blacklick		OH	43004		Amount	of Ea	ach Red	ceipt thi	is Perioo	k	
	nber of contributing ical committee.	C			Ľ			- T	15	.00	
	mployer (for Individual) surance Group	Occupation (for Individual) AVP			Memo Item Payroll Deduction						
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 300.00]							
Full Name C. Wilcox,	of Individual (Last, First, Middle Ini Matt, , ,	tial) or Full O	rganization Name		Date of	Rece	eipt				
Mailing Add	ress 250 Daniel Burnham Sq Unit 3	308			^M 12	1	D D D 08	/ Y	2020	Y	
City Columbus		State OH	Zip Code 43215				n ID : S ach Red		30789 is Perioc	d	
FEC ID number of contributing federal political committee.		С			<u> </u>	, ,		y	80	.00	
Motorists In	nployer (for Individual) surance Group	Occu EVP	upation (for Individual)	F	Payroll D	emo l Deduct					
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 1130.00]							
SUBTOTAL of	f Receipts This Page (optional)								110	.00	
TOTAL This	Period (last page this line number	only)						-		-	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middl A. Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq U		rganization Name	Date of Receipt						
City Columbus	State OH	Zip Code 43215	12 22 2020 Transaction ID : SA11AI.30806						
FEC ID number of contributing federal political committee.	С	43213	Amount of Each Receipt this Period						
Name of Employer (for Individual) Motorists Insurance Group Receipt For: Primary General Other (specify) ▼	EVF	upation (for Individual) Year-to-Date ▼ 1210.00	Payroll Deduction						
Full Name of Individual (Last, First, Middl B. <u>Mailing Address</u>	e Initial) or Full C	rganization Name	Date of Receipt						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]						
Full Name of Individual (Last, First, Middl Mailing Address	e Initial) or Full C	rganization Name	Date of Receipt						
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date							
SUBTOTAL of Receipts This Page (optiona	l)	•	80.00						
TOTAL This Period (last page this line num	ber only)	••••••	1990.00						

I

SCHEDULE B (FEC Form 3X)	Use sen:	arate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSURAN		IPANY CIVIO	C FUND			
Full Name (Last, First, Middle Initial) A. DeWine for Ohio				Date of Disbursement		
Mailing Address 2587 Conley Rd.		12 10 2020				
City Cedarville Purpose of Disbursement	State OH	Zip Code 45314		FEC Identification Number		
Candidate Name		Category/	C Transaction ID : SB29.30759 Amount of Each Disbursement this Period			
Office Sought: House Disburse	Disbursement For:		Туре	5000.00		
State: OH District:	Primary Other (spe	General cify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) B.						
Mailing Address	Mailing Address					
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement Candidate Name	Cotogony	Amount of Each Disbursement this Period				
Office Sought: House Disburse	Category/ Type					
State: District:	Primary Other (spe	General cify)		Memo Item		
Full Name (Last, First, Middle Initial)		Date of Disbursement				
Mailing Address	M = M / D = D / Y = Y = Y = Y					
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement		С				
Candidate Name Office Sought: House Disburse	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President	ement For: Primary Other (spe					
State: District:	-					
SUBTOTAL of Disbursements This Page (optional).			····· ►	5000.00		
TOTAL This Period (last page this line number only	/)		····· ►	5000.00		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUNE

_									
Α.	Full Name (Last, First, Middle Initial) Transaction PNC Financial Services Group, I	Allocated Activity or Event:							
	Mailing Address One Financial Parkway	Voter Drive Direct Candidate Support							
	- 011		7:01						
	City Kalamazoo	State MI	Zip Code 49009		Public Comm (ref to party only) by PAC				
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date				
	· · · · · · · · · · · · · · · · · · ·		001	78.00					
	Activity or Event Identifier:			Ostanaul					
	Administrative		Category/ Type	Date 12 01 2020					
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT				
	0.00			39.00	39.00				
_					Allegeted Activity or Events				
B.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:				
	Mailing Address				Voter Drive Direct Candidate Support				
	City	State	Zip Code		Public Comm (ref to party only) by PAC				
					Allocated Activity or Event Year-To-Date				
	Purpose of Disbursement:								
	Activity or Event Identifier:				7 7 7				
				Category/ Type	Date				
	FEDERAL SHARE	SHARE	= TOTAL AMOUNT						
C.	Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:					
	Mailing Address			Voter Drive Direct Candidate Support					
	City	State	Zip Code		Public Comm (ref to party only) by PAC				
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date				
	Turpose of Dispursement.		· · · · ·						
	Activity or Event Identifier:			Category/	M M / D D / Y Y Y Y				
				Туре	Date				
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT				
		- · · ·							
			-99-		1 1 7 1 1 7 1 1 7 1 1 7 1				
SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT									
	0.00			39.00	39.00				
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))									
	FEDERAL SHARE	TOTAL AMOUNT							
	0.00	· · · ·		39.00	39.00				
					7 7 4				