11/29/2010 16:49

Image# 10931839696

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: **Termination Report** (TER) in the 02 2010 ОН 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 11 29 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/76

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 $20^{\circ}10^{\circ}$		13943.28
	(b) Cash on Hand at Begining of Reporting Period	2072.78	
	(c) Total Receipts (from Line 19)	5096.30	38855.80
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7169.08	52799.08
7.	Total Disbursements (from Line 31)	505.00	46135.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6664.08	6664.08
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 76

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period:

From:

D D 14

^Y 2010

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedu	5030 30	24462.00
(ii) Unitemized	66.00	14393.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5096.30	38855.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add L	0.00	0.00
11(a)(iii),(b) and (c)) (Carr Totals to Line 33, page 5)		38855.80
Transfers From Affiliated/Othe Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expendit		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 9 6. Refunds of Contributions Made		0.00
to Federal candidates and Othe Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
3. Transfers from Non-Federal ar	d Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedul	e H5)	0.00
(c) Total Transfer (add 18(a) ar	nd 18(b)).	0.00
9. Total Receipts (add Lines 11(d) 12, 13, 14, 15, 16, 17, and 18(d)	E006 20	38855.80
Total Federal Receipts (subtract Line 18(c) from Line 1	9) 5096.30	38855.80

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		<u> </u>
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	F 00	95.00
	Expenditures(c) Total Operating Expenditures	5.00	85.00
	(add 21(a)(i), (a)(ii) and (b))	5.00	85.00
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	7000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
٠.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	200	
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	500.00	39050.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(,) : 333.2. 3	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	0.00	0.00
	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))	505.00	46135.00
32.	Total Federal Disbursements		
۰.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
		505.00	46135.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 76

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)	5096.30	38855.80
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5096.30	38855.80
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	85.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	85.00

FE6AN026

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 76 (check only one) X
or for	oformation copied from such Reports and Scommercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
l \	OTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Mic	II Name (Last, First, Middle Initial) chael J. Agan			Date of Receipt
Ma — Cit	illing Address 5658 Tynecastle Loop	State	Zip Code	10 15 2010
	y ublin	OH	43016	Transaction ID: SA11AI.14209 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C	100.0	30.00
Na Mo	me of Employer otorists Mutual Ins. Co.	Occupation VP Person	n onal Lines	Payroll deduction bi-week- ly \$30
Re	oceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 630.00	
	II Name (Last, First, Middle Initial) chael J. Agan			Date of Receipt
Ма	ailing Address 5658 Tynecastle Loop)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State	Zip Code	Transaction ID: SA11AI.14268
FE	ublin C ID number of contributing deral political committee.	OH C	43016	Amount of Each Receipt this Period 30.00
Na Mo	me of Employer otorists Mutual Ins. Co.	Occupation VP Person	n onal Lines	Payroll deduction bi-week- ly \$30
Re	ceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		660.00]
	II Name (Last, First, Middle Initial) chael J. Agan			Date of Receipt
Ма	ailing Address 5658 Tynecastle Loop)		M M / D D / Y Y Y Y Y Y 1 1 1 1 2 2 0 1 0
Cit	•	State	Zip Code	Transaction ID: SA11AI.14340
FE	ublin C ID number of contributing	OH OH	43016	Amount of Each Receipt this Period 30.00
Na	deral political committee. me of Employer	Occupation	n	Payroll deduction bi-week- ly \$30
Mc	otorists Mutuál Ins. Co.	VP Perso	onal Lines	
ne	Celept For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00	
SUR	TOTAL of Receipts This Page (optional) .	1		90.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
or for commercial purposes, other the NAME OF COMMITTEE (In Full	•	person for the purpose of soliciting contributions
	SURANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle In David R. Benseler	,	Date of Receipt
Mailing Address 2746 Sandl	nurst Dr. State Zip Code	10 15 2010
Lewis Center	OH 43035	Transaction ID: SA11AI.14210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle In David R. Benseler	itial)	Date of Receipt
Mailing Address 2746 Sandl	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.14269
Lewis Center FEC ID number of contributing federal political committee.	OH 43035	Amount of Each Receipt this Period 25.00
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction bi-week- ly \$25
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	•
Full Name (Last, First, Middle In David R. Benseler	itial)	Date of Receipt
Mailing Address 2746 Sandl	nurst Dr.	M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City Lewis Center	State Zip Code OH 43035	Transaction ID: SA11AI.14341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	
SUBTOTAL of Receipts This Page	e (optional)	75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 76 (check only one) X
or f	r information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
· \	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY C	CIVIC FUND	
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
_	Mailing Address 1390 Picardae Court	•	71.0.1	10 15 2010
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.14211 Amount of Each Receipt this Period
-	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction bi-week- ly \$80
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1680.00	
	Full Name (Last, First, Middle Initial) John J. Bishop	<u> </u>		Date of Receipt
-	Mailing Address 1390 Picardae Court			10 29 2010
	City	State	Zip Code	Transaction ID: SA11Al.14270
- I	Powell FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 80.00
	Name of Employer Motorists Mutual Insurance	Occupation	n, President and CEO	Payroll deduction bi-week- ly \$80
	Co. Receipt For:	+ -	Year-to-Date ▼	
	Primary General Other (specify) ▼		1760.00	
	Full Name (Last, First, Middle Initial) John J. Bishop	l		Date of Receipt
Ī	Mailing Address 1390 Picardae Court			1 1 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.14342
-	Powell	OH	43065	Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Motorists Mutual Insurance Co.		n, President and CEO	Payroll deduction bi-week- ly \$80
•	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1840.00	
SU	JBTOTAL of Receipts This Page (optional)			240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 76 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers			Date of Receipt
	Mailing Address S86 W33540 Short D	11 1 12 2010		
	City Mukwonago	State WI	Zip Code 53149-9306	Transaction ID: SA11AI.14343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio Director	n	OUARTERLY PAYROLL DEDUCTI- ON
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt
	Mailing Address 1831 265th Street	10 15 YYYY 2010		
	City	State	Zip Code	Transaction ID: SA11AI.14193
	Calamus FEC ID number of contributing	<u>IA</u>	52729	Amount of Each Receipt this Period
	federal political committee.			20.00
	Name of Employer lowa Mutual Ins. Co.	Occupatio V. P. Info		Payroll deduction bi-week- ly \$20
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		420.00	
_	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt
	Mailing Address 1831 265th Street			10 29 2010
	City	State	Zip Code	Transaction ID: SA11Al.14271
	Calamus FEC ID number of contributing federal political committee.	C	52729	Amount of Each Receipt this Period 20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupatio V. P. Info		Payroll deduction bi-week- ly \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		165.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 76 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt
Mailing Address 1831 265th Street			1 1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14344
Calamus FEC ID number of contributing federal political committee.	C	52729	Amount of Each Receipt this Period 20.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info		Payroll deduction bi-week- ly \$20
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
Mailing Address 3979 Chancellor Dri	10 15 2010		
City	Transaction ID: SA11Al.14212		
Grove city	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction bi-week- ly \$15
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		315.00	
Full Name (Last, First, Middle Initial) William P. Brestle			Date of Receipt
Mailing Address 3979 Chancellor Dri	ive		10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.14272
Grove city	ОН	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional			50.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedult for each category of the Detailed Summary Page 1	he (check only one)
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by a sing the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancello	r Drive	M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City	State Zip Code OH 43123	Transaction ID: SA11AI.14345
Grove city FEC ID number of contributing federal political committee.	OH 43123	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	Payroll deduction bi-week- ly \$15
pany Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Rou	te 203	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.14194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Rou	te 203	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.14273
FEC ID number of contributing federal political committee.	OH 43066	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
SURTOTAL of Receipts This Page (ont	ional)	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 76 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 203 City Radnor FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	State OH C Occupation Assistant V	Zip Code 43066	Date of Receipt M M
Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Tom Brock Mailing Address 665 Woodduck Ct.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14213
Columbus FEC ID number of contributing federal political committee.	ОН	43215	Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-
Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	Occupation Asst. VP Aggregate Y	ear-to-Date ▼	ly \$15
Full Name (Last, First, Middle Initial) Tom Brock	1		Date of Receipt
Mailing Address 665 Woodduck Ct.			10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.14274
Columbus FEC ID number of contributing federal political committee.	ОН	43215	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	, '	ear-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	rson for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Tom Brock Mailing Address 665 Woodduck Ct.		Date of Receipt
		11 12 2010
City	State Zip Code	Transaction ID: SA11AI.14347
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Duane L. Cable	1	Date of Receipt
Mailing Address 6984 Linbrook Blvd.	10 15 2010	
City	State Zip Code	Transaction ID: SA11AI.14214
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
Mailing Address 6984 Linbrook Blvd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14275
Columbus	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
SUPTOTAL of Possints This Page (antional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 14 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any p	olitical committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 2 0 1 0 Transaction ID: SA11Al.14348 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M
SUBTOTAL of Receipts This Page (optional))	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pers the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	N State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 345.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Tra City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Sr. VP Marketing Services & PL Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 5 2 0 1 0 Transaction ID: SA11Al.14216 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trace City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Sr. VP Marketing Services & PL Aggregate Year-to-Date 550.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	65.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 76 (check only one) X	
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full	eports and Statements may not be sold or used by any per an using the name and address of any political committee		
/	URANCE COMPANY CIVIC FUND		
Full Name (Last, First, Middle Ini Mr. Grady Campbell	· 	Date of Receipt	
Mailing Address 5760 Whisp City	ering Trail State Zip Code	1 1 1 2 2 0 1 0 Transaction ID: SA11AI.14350	
Galena	OH 43021	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00	
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	Payroll deduction bi-week- ly \$25	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		
Full Name (Last, First, Middle Ini	ial)	Date of Receipt	
Mailing Address 7042 Tralee	Drive	10 15 YYYYY 10 15 2010	
City	State Zip Code	Transaction ID: SA11AI.14217	
<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction bi-week-	
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	ly \$25	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_	
Other (specify)	525.00		
Full Name (Last, First, Middle Ini John D. Coffman	tial)	Date of Receipt	
Mailing Address 7042 Tralee	Drive	10 29 2010	
City	State Zip Code	Transaction ID: SA11AI.14278	
<u>Dublin</u>	OH 43017	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	[C]	25.00	
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	Payroll deduction bi-week- ly \$25	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00		
SUBTOTAL of Receints This Page	(optional)	75.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 76 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			11 1 2 2010
City Dublin	State OH	Zip Code 43017	Transaction ID: SA11AI.14351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax D		Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Stree	et Ct.		Date of Receipt
		7: 0: 1:	10 15 2010
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.14195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Presiden		Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00]
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Street	et Ct.		10 29 2010
City	State	Zip Code	Transaction ID: SA11Al.14279
Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period 25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Presiden		Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	I		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Stree City Eldridge FEC ID number of contributing federal political committee. Name of Employer		Zip Code 52748	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
lowa Mutual Insurance Company Receipt For: Primary General Other (specify)	President		ly \$25
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Roa	ıd, SW		Date of Receipt 1 0 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.14218
<u>Pataskala</u>	ОН	43062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction bi-week-
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V	. P.	ly \$15
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Kathleen M. Cooper	1 014		Date of Receipt
Mailing Address 10544 Smoke Roa	.a, Svv		10 29 7 2010
City	State	Zip Code	Transaction ID: SA11AI.14280
Pataskala FEC ID number of contributing federal political committee.	OH C	43062	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (options	al)		55.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	of the
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used g the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
MOTORISTS MUTUAL INSURAN	ICE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Ro	ad, SW	Date of Receipt
City Pataskala	State Zip Code OH 43062	Transaction ID: SA11AI.14353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	345.00
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive		Date of Receipt
		10 15 2010
City Gahanna	State Zip Code OH 43230	Transaction ID: SA11AI.14219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President L	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	315.00
Full Name (Last, First, Middle Initial) Mrs. Camille Craig	•	Date of Receipt
Mailing Address 4282 Hunts Drive		10 29 2010
City <u>G</u> ahanna	State Zip Code OH 43230	Transaction ID: SA11AI.14281
FEC ID number of contributing federal political committee.	C 43230	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President L	Payroll deduction bi-week-ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	330.00
SUBTOTAL of Receipts This Page (option	nal)	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 76 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Camille Craig			Date of Receipt
Mailing Address 4282 Hunts Drive			M M / D D / Y Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.14354
Gahanna	OH	43230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Life Ins. Co.	Occupatio Assistan	n t Vice President Life Adm.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
Mailing Address 53 Nottingham Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43214	Transaction ID: SA11AI.14221
FEC ID number of contributing federal political committee.	C	43214	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
Receipt For:	_ + +	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	315.00	
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes			Date of Receipt
Mailing Address 53 Nottingham Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14282
Columbus	OH	43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		330.00]
			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 345.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Drive State Zip Code OH 43026 C Occupation Vice President Aggregate Year-to-Date ▼ 525.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Drive State Zip Code OH 43026 C Occupation Vice President Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	1	65.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 76 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake D City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Com-	State OH C Occupation	Zip Code 43026	Date of Receipt 1 1 2 2 0 1 0 Transaction ID: SA11AI.14356 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
	Receipt For: Primary Other (specify)	Vice Pres Aggregate	vident Year-to-Date ▼ 575.00	
_	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridge	Road		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.14205
	Bloomington	IN	47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.60
	Name of Employer Motorists Mutual Insurance	Occupation Director	1	Payroll deduction bi-week- ly \$57.60
	Co. Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1209.60	
_	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	1		Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road		10 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.14285
	Bloomington	IN	47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	1	Payroll deduction bi-week- ly \$57.60
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1267.20	
S	SUBTOTAL of Receipts This Page (optional)			140.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 76 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
Mailing Address 7542 East Rush Ric	dge Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14358
Bloomington FEC ID number of contributing federal political committee.	C	47401	Amount of Each Receipt this Period 57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	1	Payroll deduction bi-week- ly \$57.60
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1324.80	
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp			Date of Receipt
Mailing Address 3123 Summit Stree	t		10 15 2010
City Columbus	State OH	Zip Code 43202	Transaction ID: SA11AI.14223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10202	15.00
Name of Employer Motorists Mutual Insurance	Occupation Asst VP	1	Payroll deduction bi-week- ly \$15
Co. Receipt For: Primary General Other (specify) ▼	- t -	Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp			Date of Receipt
Mailing Address 3123 Summit Stree	t		10 29 2010
City Columbus	State OH	Zip Code 43202	Transaction ID: SA11AI.14286
FEC ID number of contributing federal political committee.	C	43202	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional			87.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any personance name and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43202 C Occupation Asst VP Aggregate Year-to-Date ▼ 345.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow D City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	r. State Zip Code OH 43235 C Occupation V. P., Corporate Counsel Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow D City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	r. State Zip Code OH 43235 C Occupation V. P., Corporate Counsel Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	·	35.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 76 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC			
Full Name (Last, First, Middle Initial) Charles R. Gaskill			Date of Receipt
Mailing Address 1425 Briarmeadow	Dr.		M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.14360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Co	n rporate Counsel	Payroll deduction bi-week- ly \$10
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Rolf H. Gesen	I		Date of Receipt
Mailing Address 63 Penacook Rd.			10 22 YYYYY
City Contoocook	State NH	Zip Code 03229	Transaction ID: SA11AI.14266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		162.50
Name of Employer Phenix Mutual	Occupation Presiden		Quarterly Cash Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
Mailing Address 14 Burreed Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.14225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70002	15.00
Name of Employer Motorists Mutual Ins. Com- pany		. P. Personal Lines Adm.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]
SUBTOTAL of Receipts This Page (optional	<u> </u>		187.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pers the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062 C Occupation Assist. V. P. Personal Lines Adm. Aggregate Year-to-Date 330.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062 C Occupation Assist. V. P. Personal Lines Adm. Aggregate Year-to-Date 345.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation VP Marketing Aggregate Year-to-Date 315.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional))	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 27 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of an	y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, I City	State Zip C		Date of Receipt 10 29 2010 Transaction ID: SA11AI.14289
Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	OH 4306 C Occupation VP Marketing Aggregate Year-to-D		Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, I City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip C OH 4306 C Occupation VP Marketing Aggregate Year-to-D	5	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dino Guanciale Mailing Address 4819 St. Andrews Cir City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co. Receipt For: Primary General Other (specify)	State Zip C OH 4308 C Occupation Asst. VP Aggregate Year-to-D	2	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		·····	45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 76 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Full Name (Last, First, Middle Initial) Dino Guanciale Mailing Address 4819 St. Andrews Cir	ralo.		Date of Receipt
	CIE		10 29 2010
City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.14290 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer Motorists Mutual Ins Co.	Occupatio Asst. VP	n	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
Mailing Address 4819 St. Andrews Cir	cle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14363
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction bi-week-
Name of Employer Motorists Mutual Ins Co.	Occupatio Asst. VP		ly \$15
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		345.00]
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
Mailing Address 7494 Heffley Court			10 15 2010
City	State	Zip Code	Transaction ID: SA11AI.14228
Canal Winchester	ОН	43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction bi-week-
Name of Employer The Motorists Insurance Group	Occupatio Sr. VP a	n nd Asst. Secretary	ly \$25
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		525.00]
SUBTOTAL of Receipts This Page (optional)			55.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	c name and add	areas or any pontical committee to	y solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
Mailing Address 7494 Heffley Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14291
Canal Winchester	OH	43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer The Motorists Insurance Group	Occupation Sr. VP ar	nd Asst. Secretary	Payroll deduction bi-week- ly \$25
Receipt For:		Year-to-Date ▼	
Primary General		550.00	7
Other (specify) ▼	0 0	330.00	
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	•		Date of Receipt
Mailing Address 7494 Heffley Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.14364
Canal Winchester	OH	43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer The Motorists Insurance Group	Occupation Sr. VP ar	nd Asst. Secretary	Payroll deduction bi-week- ly \$25
Receipt For:	_ ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	575.00	
Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
Mailing Address 5999 Lane Road			1 0 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.14229
Centerburg	OH	43011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction bi-week- ly \$15
pany Receipt For:	- ' '	Year-to-Date ▼	1
Primary General	35 5		1
Other (specify) ▼		315.00	
SUBTOTAL of Receipts This Page (optional).	•		65.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
∠ 4.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road			10 29 2010
	City Centerburg	State OH	Zip Code 43011	Transaction ID: SA11AI.14292 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
- 3.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road			1 1 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14365
	Centerburg FEC ID number of contributing federal political committee.	OH C	43011	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com-	Occupatio		Payroll deduction bi-week- ly \$15
	pany Receipt For: Primary General	Assist. V	Year-to-Date ▼	
	Other (specify) ▼	0 0	345.00	
-).	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
	Mailing Address 813 East College Aver	nue		10 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.14230
	Westerville FEC ID number of contributing federal political committee.	OH C	43081	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
Γ	CURTOTAL of Decains This Dave (asking the	<u> </u>		45.00
-	SUBTOTAL of Receipts This Page (optional)		······	
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each catego Detailed Summa	y of the
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or use ename and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
۷.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Ave		10 29 2010
	City Westerville	State Zip Code OH 43081	Transaction ID: SA11AI.14293 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	330.00
	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Ave	nue	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Westerville	State Zip Code OH 43081	Transaction ID: SA11AI.14366
	FEC ID number of contributing federal political committee.	OH 43081	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	345.00
	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washingt	on Drive	10 15 2010
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.14199 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	315.00
	SUBTOTAL of Receipts This Page (optional) .	1	45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY (CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washingto	on Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Howards Grove	State WI	Zip Code 53083	Transaction ID: SA11AI.14294 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Cla		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 330.00	
— В.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washingto	n Drive		Date of Receipt
				11 12 2010
	City Howards Grove	State WI	Zip Code 53083	Transaction ID: SA11AI.14367 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio V. P. Cla		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 345.00	
_ С.	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
	Mailing Address 9725 Wagonwood Driv	/e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State OH	Zip Code	Transaction ID: SA11AI.14231
	Pickerington FEC ID number of contributing federal political committee.	C	43147	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V	n ′. P., Claims	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 315.00	
	SUBTOTAL of Receipts This Page (optional)			45.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood Driv City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43147 C Occupation Assist. V. P., Claims Aggregate Year-to-Date 330.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood Driv City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43147 C Occupation Assist. V. P., Claims Aggregate Year-to-Date 345.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation VP Life Financial Operations Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.14232 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
SUBTOTAL of Receipts This Page (optional)		55.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 76 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE.	g the name and addres	s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass F	Road		Date of Receipt 1 0 2 9 2 0 1 0
City Columbus FEC ID number of contributing federal political committee.	State OH	Zip Code 43235	Transaction ID: SA11AI.14296 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation VP Life Fina Aggregate Yea	ncial Operations ar-to-Date ▼ 550.00	Payroll deduction bi-week- ly \$25
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass F	Road	Zip Code	Date of Receipt 1 1 2 2 0 1 0 Transaction ID: SA11AI.14369
Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation VP Life Fina Aggregate Yea	43235 ncial Operations	Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Cour	t		Date of Receipt 1 0 1 5 2 0 1 0
City Hilliard FEC ID number of contributing federal political committee.	State OH	Zip Code 43026	Transaction ID: SA11AI.14234 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. P. Aggregate Yea	ar-to-Date ▼ 315.00	Payroll deduction bi-week- ly \$15
SUBTOTAL of Receipts This Page (option	al)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 76 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.14297
Hilliard FEC ID number of contributing federal political committee.	C	43026	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			M M / D D / Y Y Y Y Y 1 Y 1 2 2 0 1 0
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.14370 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45020	15.00
Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		Payroll deduction bi-week- ly \$15
pany Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 345.00	1
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers			Date of Receipt
Mailing Address 6401 Possmore Lane	Э		10 15 2010
City Canal Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.14235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70110	15.00
Name of Employer Motorists Mutual Ins Comp- any	Occupatio Assist. V	. P	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional)	ı		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers Mailing Address 6401 Possmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation Assist. V. P. Aggregate Year-to-Date 330.00	Date of Receipt 10 29 2010 Transaction ID: SA11AI.14298 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers Mailing Address 6401 Possmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M 12 2010 Transaction ID: SA11AI.14371 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date 525.00	Date of Receipt M M 15 2010 Transaction ID: SA11AI.14200 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
SUBTOTAL of Receipts This Page (optional)	1	55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date 575.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Executive VP Aggregate Year-to-Date 630.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 76 (check only one) X 11a
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	COMPANT	SIVIC I GIVD	
١.	David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt
	City	State	Zip Code	1 0 2 9 2 0 1 0 Transaction ID: SA11AI.14300
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins Co	Occupation		Payroll deduction bi-week- ly \$30
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 660.00	
_	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.14373
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins Co	Occupation Executive		Payroll deduction bi-week- ly \$30
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		690.00	
_	Full Name (Last, First, Middle Initial) John C. Kessler	l		Date of Receipt
	Mailing Address 3910 Caswell Road			10 15 2010
	City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.14237 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and C		Payroll deduction bi-week- ly \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
	SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road City Johnstown FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43031 C Occupation VP and CIO Aggregate Year-to-Date ▼ 440.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road City Johnstown FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43031 C Occupation VP and CIO Aggregate Year-to-Date ▼ 460.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct. City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation Vice President Aggregate Year-to-Date ▼ 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		65.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 76 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
	Mailing Address 6934 Roundwood Ct.			10 29 2010
	City <u>Dublin</u>	State OH	Zip Code 43016	Transaction ID: SA11AI.14302 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Vice Pre		Payroll deduction bi-week- ly \$25
	pany Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
	Mailing Address 6934 Roundwood Ct.			M M / D D / Y Y Y Y Y 1 1 1 1 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14375
	<u>Dublin</u>	OH	43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupatio Vice Pre		Payroll deduction bi-week- ly \$25
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	575.00	
	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			10 15 2010
	City Westerville	State OH	Zip Code	Transaction ID: SA11AI.14239
	FEC ID number of contributing federal political committee.	С	43082	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction bi-weeky \$15
	Receipt For: Primary General Other (specify) ▼	+	e Year-to-Date ▼ 315.00	
	SUBTOTAL of Receipts This Page (optional)	1		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Cour City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	t State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 330.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Cour City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date 345.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 2 0 1 0 Transaction ID: SA11AI.14376 Amount of Each Receipt this Period 15.00 Payroll deduction bi-weeky \$15
Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Assist. V. P., Claims Aggregate Year-to-Date 315.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court City Lewis Center FEC ID number of contributing federal political committee.	State Zip Code OH 43035 C Occupation	Date of Receipt M M M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Assist. V. P., Claims Aggregate Year-to-Date ▼	330.00 ly \$15
В.	Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court City Lewis Center	State Zip Code OH 43035	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assist. V. P., Claims Aggregate Year-to-Date	Payroll deduction bi-week-ly \$15
_ C.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailian Address 700.0 at 1,000 Ct. 1		Date of Receipt
	Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee.	State Zip Code WI 45220	Transaction ID: SA11AI.14201 Amount of Each Receipt this Period 20.00
	Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation V.P. Agency Operations Aggregate Year-to-Date ▼	Payroll deduction bi-week-ly \$20
	SUBTOTAL of Receipts This Page (optional)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date 440.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date 460.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive City Reynoldsburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068 C Occupation Assist. V. P. Aggregate Year-to-Date 485.00	Date of Receipt M M J D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive City Reynoldsburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068 C Occupation Assist. V. P. Aggregate Year-to-Date 510.00	Date of Receipt M M M / 29 / 2010 Transaction ID: SA11AI.14307 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive City Reynoldsburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 535.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. David W. Lemon Mailing Address 345 Southshore Drive City Greenback FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code TN 37742 C Occupation Director Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· 	175.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 76 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 315.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M M 29 2010 Transaction ID: SA11AI.14308 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 345.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Ave City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	State Zip Code OH 43285 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Ave City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43285 C Occupation Assist. V. P. Aggregate Year-to-Date 330.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Ave City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43285 C Occupation Assist. V. P. Aggregate Year-to-Date 345.00	Date of Receipt M M M / 12 / 2010 Transaction ID: SA11AI.14383 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any persible name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14 City DePere FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General	State Zip Code WI 54115 C Occupation V.P. Marketing Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14 City DePere FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General	State Zip Code WI 54115 C Occupation V.P. Marketing Aggregate Year-to-Date	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14 City DePere FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 54115 C Occupation V.P. Marketing Aggregate Year-to-Date 345.00	Date of Receipt 1 1 1 2 2 0 1 0 Transaction ID: SA11AI.14384 Amount of Each Receipt this Period 15.00 Payroll Deduction bi-week-ly \$15
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 76 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
Mailing Address 7705 Ridgeview Way	у		10 15 2010
City Chanhassen	State MN	Zip Code 55317	Transaction ID: SA11AI.14264
FEC ID number of contributing federal political committee.	C	33317	Amount of Each Receipt this Period 25.00
Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
Mailing Address 7705 Ridgeview Way	у		10 29 2010
City Chanhassen	State MN	Zip Code 55317	Transaction ID: SA11AI.14311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 550.00]
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
Mailing Address 7705 Ridgeview Way	у		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chanhassen	State MN	Zip Code 55317	Transaction ID: SA11AI.14385
FEC ID number of contributing federal political committee.	C	33017	Amount of Each Receipt this Period 25.00
Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	n Chief Operating Officer	Payroll deduction bi-week- ly \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 575.00]
SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 76 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co.	State WI C Occupation Director	Zip Code 54220	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.14206 Amount of Each Receipt this Period 45.00 Payroll deduction bi-week-ly \$45
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 945.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	ourt		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.14312
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period 45.00 Payroll deduction bi-week-
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director	n Year-to-Date ▼	ly \$45
	Primary General Other (specify) ▼	Aggregate	990.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	- Lurt		Date of Receipt
	2133 Hullers Nidge C	ourt		11 12 2010
	City	State	Zip Code	Transaction ID: SA11AI.14386
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	Payroll deduction bi-week- ly \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1035.00	
ſ,	SUBTOTAL of Receipts This Page (optional)			135.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (Crieck Grilly Grie)
ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date	Date of Receipt 10 15 2010 Transaction ID: SA11AI.14244 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date	Date of Receipt M M 12
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 76 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 2 City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer retired from MIG Receipt For: Primary General Other (specify)	O1 State Zip Code FL 33953 C Occupation MIG Director Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 2 City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer retired from MIG Receipt For: Primary General Other (specify)	O1 State Zip Code FL 33953 C Occupation MIG Director Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M Z 9 Z 0 1 0 Transaction ID: SA11AI.14314 Amount of Each Receipt this Period 50.00 Payroll deduction bi-week-ly \$50
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 2 City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer retired from MIG Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33953 C Occupation MIG Director Aggregate Year-to-Date ▼ 1150.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 76 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
\rangle	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street City	State	Zip Code	10 15 2010
	Hilliard	OH	43026	Transaction ID: SA11AI.14245 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	+ '	Year-to-Date ▼ 315.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.14315
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction bi-week-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	P.	ly \$15
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		330.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	1		Date of Receipt
	Mailing Address 4460 Swenson Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.14389
	Hilliard	ОН	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	P.	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00	
_	UBTOTAL of Receipts This Page (optional)	ı		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any pers the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue Apt. B208	N	Date of Receipt M
City Plymouth FEC ID number of contributing	State Zip Code MN 55446	Transaction ID: SA11AI.14265 Amount of Each Receipt this Period
federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	Occupation V. P. Underwriting Aggregate Year-to-Date ▼ 315.00	Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue Apt. B208 City Plymouth FEC ID number of contributing federal political committee.	N State Zip Code MN 55446 C	Date of Receipt M M
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	V. P. Underwriting Aggregate Year-to-Date ▼ 330.00	ly \$15 Date of Receipt
Mailing Address 15300 37th Avenue Apt. B208 City Plymouth FEC ID number of contributing federal political committee.	State Zip Code MN 55446	Transaction ID: SA11AI.14391 Amount of Each Receipt this Period 15.00
Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	Occupation V. P. Underwriting Aggregate Year-to-Date 345.00	Payroll deduction bi-week- ly \$15
SUBTOTAL of Receipts This Page (optional	<u> </u>	45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 76 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			
Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
Mailing Address 325 Olenview Circle			10 15 2010
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.14247
FEC ID number of contributing federal political committee.	C	43003	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction bi-week- ly \$15
pany Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
Mailing Address 325 Olenview Circle			10 29 2010
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.14318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
Mailing Address 325 Olenview Circle			1 1 1 2 2 0 1 0
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.14392 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		45.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 76 (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any per ing the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price S	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldridge	State Zip Code IA 52748	Transaction ID: SA11AI.14196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price S	Street	10 29 2010
City Eldridge	State Zip Code IA 52748	Transaction ID: SA11AI.14319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price S	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldridge	State Zip Code IA 52748	Transaction ID: SA11AI.14393
FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period 15.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
CURTOTAL of Descirts This Dags (anti-	onal)	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 76 (check only one) X
A	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	COMPANT	SIVIO I OND	
	Kelly Reisling Mailing Address 3178 Ranke Court			Date of Receipt M
	City Grove City	State OH	Zip Code 43123	Transaction ID: SA11AI.14248 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40120	15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	n	Payroll deduction bi-week-ly \$15
	Receipt For: Primary General Other (specify)	+	Year-to-Date ▼ 315.00	
-	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt
	Mailing Address 3178 Ranke Court			10 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.14320
	Grove City FEC ID number of contributing federal political committee.	ОН	43123	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	n	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00	
_	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt
	Mailing Address 3178 Ranke Court			M M / D D / Y Y Y Y Y Y 1 1 1 1 2 2 0 1 0
	City Grove City	State OH	Zip Code 43123	Transaction ID: SA11AI.14394 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	n	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 345.00	
	SUBTOTAL of Receipts This Page (optional).			45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 76 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
Mailing Address 4732 Golf Village D		10 15 2010
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.14249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
Mailing Address 4732 Golf Village D	rive	10 29 2010
City	State Zip Code	Transaction ID: SA11AI.14321
Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00]
Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
Mailing Address 4732 Golf Village D	rive	M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.14395
Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line num	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 76 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Av	/enue		Date of Receipt 10 15 2010
City Worthington FEC ID number of contributing	State OH	Zip Code 43085	Transaction ID: SA11AI.14250 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation VP Plann	n ning Prod & Svs e Year-to-Date ▼ 525.00	Payroll deduction bi-week-ly \$25
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Av	Date of Receipt 1 0 2 9 2 0 1 0		
City Worthington FEC ID number of contributing federal political committee.	State OH	Zip Code 43085	Transaction ID: SA11AI.14322 Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company Receipt For: ☐ Primary General Other (specify) ▼		n ning Prod & Svs e Year-to-Date ▼ 550.00	Payroll deduction bi-week- ly \$25
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Av	/enue		Date of Receipt
City Worthington FEC ID number of contributing	State OH	Zip Code 43085	Transaction ID: SA11AI.14396 Amount of Each Receipt this Period 25.00
Receipt For: Primary General Other (specify)	Occupation VP Plann	n ning Prod & Svs o Year-to-Date ▼	Payroll deduction bi-week- ly \$25
SUBTOTAL of Receipts This Page (optional	al)		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 76 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date 315.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date 330.00	Date of Receipt M M Z 9 Z 0 1 0 Transaction ID: SA11AI.14323 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date 345.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.14397 Amount of Each Receipt this Period 15.00 Payroll deduction bi-week-ly \$15
SUBTOTAL of Receipts This Page (optional) .	1	45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any pene name and address of any political committees: COMPANY CIVIC FUND	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow La City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow La City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Vice President Aggregate Year-to-Date 550.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Karen L. Schwartz Mailing Address 1252 Pond Hollow La City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Vice President Aggregate Year-to-Date 575.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt
Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: SA11AI.14252
Sunbury FEC ID number of contributing federal political committee.	OH C	43074	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt
Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sunbury	State OH	Zip Code 43074	Transaction ID: SA11AI.14325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10071	15.00
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt
Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14399
Sunbury FEC ID number of contributing federal political committee.	OH C	43074	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Ce State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date ▼ 1155.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Ce State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date ▼ 1210.00	Date of Receipt M M M / 29 2010 Transaction ID: SA11AI.14326 Amount of Each Receipt this Period 55.00 Payroll deduction bi-week-ly \$55
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Pla City Westlake FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Ce State Zip Code OH 44145 C Occupation Director Aggregate Year-to-Date 1265.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		165.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 76 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
Mailing Address 6418 Summers Noc	ok Drive	10 15 2010
City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.14253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Noo	ok Drive	Date of Receipt
City	State Zip Code	10 29 2010
New Albany	OH 43054	Transaction ID: SA11AI.14327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
Mailing Address 6418 Summers Noc	ok Drive	11 1 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Albany	State Zip Code OH 43054	Transaction ID: SA11AI.14401 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 345.00	
SUBTOTAL of Receipts This Page (optional	l)	45.00
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Sr. VP CL & Affiliate Operations Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Sr. VP CL & Affiliate Operations Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M 29 2010 Transaction ID: SA11AI.14328 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Sr. VP CL & Affiliate Operations Aggregate Year-to-Date ▼ 575.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 76 (check only one) X
or for commercial p	pied from such Reports and Sta purposes, other than using the r MMITTEE (In Full) S MUTUAL INSURANCE C	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Las Tamera A. Steph Mailing Address City Glenford	r of contributing committee.	State OH C Occupation Vice Pres	Zip Code 43739	Date of Receipt M M / D D / 2010 Transaction ID: SA11AI.14255 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Tamera A. Steph Mailing Address City Glenford	r of contributing committee.	State OH C Occupation Vice Pres Aggregate		Date of Receipt 10 29 2010 Transaction ID: SA11AI.14329 Amount of Each Receipt this Period 25.00 Payroll deduction bi-week-ly \$25
Mailing Address City Glenford	r of contributing committee.	State OH C Occupation Vice Pres		Date of Receipt M M
SUBTOTAL of R	eceipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 76 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge	Dwive	Date of Receipt
City	State Zip Code	1 0 1 5 2 0 1 0 Transaction ID: SA11AI.14256
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction b-weekly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
Mailing Address 7703 Timber Ridge		10 29 2010
City	State Zip Code	Transaction ID: SA11AI.14330
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction b-weekly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00]
Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
Mailing Address 7703 Timber Ridge	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.14404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C +0000	15.00
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction b-weekly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00]
SURTOTAL of Receipts This Page (optional)	45.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 76 (check only one) X
or fo	or commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
1	JAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
_	Mailing Address 2060 Maxwell Avenue			10 15 2010
	City Lewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.14257 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	10000	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V.		Payroll deduction bi-week- ly \$25
	eany Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 525.00	
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
N	Mailing Address 2060 Maxwell Avenue)		10 29 2010
C	Dity	State	Zip Code	Transaction ID: SA11AI.14331
L	<u>_ewis Center</u>	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		Payroll deduction bi-week- ly \$25
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	550.00	
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
Ν	Mailing Address 2060 Maxwell Avenue)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: SA11AI.14405
	Lewis Center	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		25.00
۱ و	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	Payroll deduction bi-week- ly \$25
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00	
	BTOTAL of Receipts This Page (optional) .	1		75.00

City	ER: PAGE 68 / 76 b 11c 12 15 16 17
Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City Grove City State Zip Code OH 43123 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City Grove City State Zip Code OH 43123 Date of Receipt Transaction ID: Amount of Each Payroll deducting Transaction ID: Amount of Each City Grove City State Zip Code OH 43123 Amount of Each City Grove City OH 43123 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City Grove City State Zip Code OH 43123 Date of Receipt Transaction ID: Amount of Each Payroll deducting Transaction ID: Amount of Each City Grove City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City Grove City OH 43123 Date of Receipt Transaction ID: Amount of Each Payroll deducting federal political committee. C Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Occupation Assistant VP Aggregate Year-to-Date ▼ Payroll deducting Amount of Each Payroll deducting Payroll deducting	soliciting contributions from such committee.
Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City State Zip Code Assistant VP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Aggregate Year-to-Date ▼ Payroll deduction Assistant VP Aggregate Year-to-Date ▼ Payroll deduction Assistant VP Aggregate Year-to-Date ▼	15 2010 2 SA11AI.14258 th Receipt this Period 15.00
Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Date of Receipt Transaction ID: Amount of Each Payroll deducting in \$15	2 9 2 0 1 0 2 SA11AI.14332 th Receipt this Period 15.00
Other (specify) ▼ 345.00	1 2 2 0 1 0 2: SA11AI.14406 th Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)	45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 76 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	NCE COMPANY C	IVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs			Date of Receipt
Mailing Address 1300 Scenic Hill I	_n.		M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City DeWitt	State IA	Zip Code 52742	Transaction ID: SA11AI.14408
FEC ID number of contributing federal political committee.	C	J2742	Amount of Each Receipt this Period 125.00
Name of Employer lowa Mutual Ins. Co.	Occupation Director		Quarterly Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
Mailing Address 7105 Lakebrook E	Blvd.		1 0 1 5 2 0 1 0
City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.14260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presi		Payroll deduction bi-week- ly \$20
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
Mailing Address 7105 Lakebrook E	Blvd.		M M / D D / Y Y Y Y Y Y Y 1 1 0 2 9 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.14333
Columbus FEC ID number of contributing federal political committee.	C	43235	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	ident	Payroll deduction bi-week- ly \$20
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optio	nal)		165.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 76 (check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Vice President Aggregate Year-to-Date 460.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 840.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 880.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Stree City Sheboygan FEC ID number of contributing federal political committee.		Date of Receipt M M
Name of Employer Wilson Mutual Ins. Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	President Aggregate Year-to-Date ▼ 920.00	ly \$40
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive		Date of Receipt 1 0 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.14197
Bettendorf FEC ID number of contributing federal political committee.	IA 52722	Amount of Each Receipt this Period 15.00
Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Claims Aggregate Year-to-Date ▼ 315.00	Payroll deduction bi-week- ly \$15
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
Mailing Address 4918 Norfolk Drive		10 29 2010
City Bettendorf	State Zip Code IA 52722	Transaction ID: SA11AI.14335 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	1	70.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (COMPANY (CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel			Date of Receipt
	Mailing Address 4918 Norfolk Drive City	State	Zip Code	1 1 1 2 2 0 1 0 Transaction ID: SA11AI.14411
	Bettendorf	IA	52722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive V	Λ/		Date of Receipt
		/V .		10 15 2010
	City	State	Zip Code	Transaction ID: SA11Al.14261
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Payroll deduction bi-week-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	ly \$30
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 630.00	
- С.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive V	N.		10 29 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.14336
	Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	Payroll deduction bi-week- ly \$30
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 660.00	
	SUBTOTAL of Receipts This Page (optional)			75.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and address of any political committe	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles A. Wickert	L COMPANT GIVIC TOND	Date of Receipt
Mailing Address 5519 Medallion Drive City	e W. State Zip Code	1 1 1 2 2 0 1 0 Transaction ID: SA11AI.14412
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs	Payroll deduction bi-week- ly \$30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.		Date of Receipt
Oit.	Otata Zia Cada	10 15 2010
City <u>S</u> unbury	State Zip Code OH 43074	Transaction ID: SA11AI.14262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 45074	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
Mailing Address 14924 S. R. 35, E.		10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14337
Sunbury	OH 43074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 76 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 345.00	Date of Receipt 1 1
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date 735.00	Date of Receipt 10 15 2010 Transaction ID: SA11AI.14263 Amount of Each Receipt this Period 35.00 Payroll deduction bi-week-ly \$35
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date 770.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		85.00

A.

FOR LINE NUMBER: PAGE 75/76 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt Michael L. Wiseman Mailing Address 90 Timberknoll Loop 1.1 12 2010 City State Zip Code Transaction ID: SA11AI.14414 Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing 35.00 C federal political committee. Payroll deduction bi-week-ly \$35 Name of Employer Motorists Mutual Insurance Occupation Treasurer Company Receipt For: Aggregate Year-to-Date Primary General 805.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		35.00
TOTAL This Period (last page this line number only)	•	5030.30

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check or 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name	, , , ,	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Batchelder for Representative Committee Mailing Address 105 West Liberty Street		Transaction ID: SB29.14192 Date of Disbursement M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code DH 44256	Amount of Each Disbursement this Period 500.00
Candidate Name Batchelder for Representative Committee	Category/ Type	
Office Sought: X House Senate President State: OH District: 69	nent For: 2010 Primary X General Other (specify) ▼	

		500.00
SUBTOTAL of Disbursements This Page (optional)		500.00
TOTAL This Period (last page this line number only)	•	500.00