

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

2. **FEC IDENTIFICATION NUMBER** C00336834
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of OH

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 11 29 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5096.30	38855.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5096.30	38855.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5096.30	38855.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5.00	85.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.00	85.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	500.00	39050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	505.00	46135.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	505.00	46135.00

DETAILED SUMMARY PAGE
of Disbursements

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

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

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

FOR LINE NUMBER: PAGE 6 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.14209
 Amount of Each Receipt this Period 30.00
 Payroll deduction bi-weekly \$30

B. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.14268
 Amount of Each Receipt this Period 30.00
 Payroll deduction bi-weekly \$30

C. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0
Transaction ID: SA11AI.14340
 Amount of Each Receipt this Period 30.00
 Payroll deduction bi-weekly \$30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.14210		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.14269		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 11 / 12 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.14341		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction bi-weekly \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 575.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

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

FOR LINE NUMBER: PAGE 8 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1390 Picardae Court		Transaction ID: SA11AI.14211
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

B.

Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1390 Picardae Court		Transaction ID: SA11AI.14270
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1760.00	

C.

Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 1390 Picardae Court		Transaction ID: SA11AI.14342
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction bi-weekly \$80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard B. Bowers

Mailing Address S86 W33540 Short Drive

City State Zip Code
Mukwonago WI 53149-9306

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14343

Amount of Each Receipt this Period
125.00

QUARTERLY PAYROLL DEDUCTI-
ON

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14193

Amount of Each Receipt this Period
20.00

Payroll deduction bi-week-
ly \$20

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14271

Amount of Each Receipt this Period
20.00

Payroll deduction bi-week-
ly \$20

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1831 265th Street	Transaction ID: SA11AI.14344
	City State Zip Code Calamus IA 52729	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$20
	Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00

B.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14212
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00

C.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14272
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grove city	OH	43123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14345
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Radnor	OH	43066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14194
Name of Employer Motorists Mutual Ins. Co.		Occupation Assistant V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Radnor	OH	43066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14273
Name of Employer Motorists Mutual Ins. Co.		Occupation Assistant V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Jon A. Bright

Mailing Address 5300 State Route 203

City State Zip Code
Radnor OH 43066

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Assistant V. P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14346

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14213

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14274

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt M M / D D / Y Y Y Y
11 / 12 / 2010

Transaction ID: SA11AI.14347

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: SA11AI.14214

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.14275

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 76
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14348
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14215
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Thomas D. Campana

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14276
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.14349
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

B.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14216
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14277
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 76
(check only one)

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

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

A.

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.14350
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

B.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.14217
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

C.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.14278
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Tax Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14351

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14195

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14279

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer
Iowa Mutual Insurance Com-
pany

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14352

Amount of Each Receipt this Period

25.00

Payroll deduction bi-week-
ly \$25

B.

Full Name (Last, First, Middle Initial)
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14218

Amount of Each Receipt this Period

15.00

Payroll deduction bi-week-
ly \$15

C.

Full Name (Last, First, Middle Initial)
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14280

Amount of Each Receipt this Period

15.00

Payroll deduction bi-week-
ly \$15

SUBTOTAL of Receipts This Page (optional) ▶

55.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14353
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14219
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14281
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 4282 Hunts Drive	Transaction ID: SA11AI.14354
	City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.14221
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.14282
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City State Zip Code
Columbus OH 43214

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14355

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 5922 Coventry Lake Drive

City State Zip Code
Hilliard OH 43026

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

Name of Employer Occupation
Motorists Mutual Ins. Company Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14222

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

C.

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

Mailing Address 5922 Coventry Lake Drive

City State Zip Code
Hilliard OH 43026

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

Name of Employer Occupation
Motorists Mutual Ins. Company Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14283

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 5922 Coventry Lake Drive	Transaction ID: SA11AI.14356
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer Motorists Mutual Ins. Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

B.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 7542 East Rush Ridge Road	Transaction ID: SA11AI.14205
	City Bloomington State IN Zip Code 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$57.60
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1209.60	

C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 7542 East Rush Ridge Road	Transaction ID: SA11AI.14285
	City Bloomington State IN Zip Code 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$57.60
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1267.20	

SUBTOTAL of Receipts This Page (optional)	140.20
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 76
(check only one)

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

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

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1324.80

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.14358

Amount of Each Receipt this Period 57.60

Payroll deduction bi-weekly \$57.60

B. Full Name (Last, First, Middle Initial)
Joseph P Fullenkamp

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010

Transaction ID: SA11AI.14223

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Joseph P Fullenkamp

Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.14286

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ► **87.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 3123 Summit Street		Transaction ID: SA11AI.14359
City Columbus	State OH	Zip Code 43202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	Payroll deduction bi-weekly \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

B.

Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1425 Briar Meadow Dr.		Transaction ID: SA11AI.14224
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corporate Counsel	Payroll deduction bi-weekly \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1425 Briar Meadow Dr.		Transaction ID: SA11AI.14287
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corporate Counsel	Payroll deduction bi-weekly \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
Mailing Address 1425 Briar Meadow Dr.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14360
Amount of Each Receipt this Period 10.00
Payroll deduction bi-weekly \$10

B. Full Name (Last, First, Middle Initial)
Rolf H. Gesen
Mailing Address 63 Penacook Rd.
City Contoocook State NH Zip Code 03229
FEC ID number of contributing federal political committee. **C**
Name of Employer Phenix Mutual Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.14266
Amount of Each Receipt this Period 162.50
Quarterly Cash Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons
Mailing Address 14 Burreed Court
City Pataskala State OH Zip Code 43062
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00
Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14225
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ► 187.50
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
	Mailing Address 14 Burreed Court		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Pataskala	State OH	Zip Code 43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14288
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P. Personal Lines Adm.	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
	Mailing Address 14 Burreed Court		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Pataskala	State OH	Zip Code 43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14361
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P. Personal Lines Adm.	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
	Mailing Address 396 Shelby Avenue, East		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Powell	State OH	Zip Code 43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14226
Name of Employer Motorists Mutual Ins. Company		Occupation VP Marketing	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14289
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14362
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) Dino Guanciale	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4819 St. Andrews Circle	Transaction ID: SA11AI.14227
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dino Guanciale
Mailing Address 4819 St. Andrews Circle
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14290
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Dino Guanciale
Mailing Address 4819 St. Andrews Circle
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00
Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14363
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
Mailing Address 7494 Heffley Court
City Canal Winchester State OH Zip Code 43110
FEC ID number of contributing federal political committee. **C**
Name of Employer The Motorists Insurance Group Occupation Sr. VP and Asst. Secretary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00
Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14228
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ▶ 55.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 29 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Sr. VP and Asst. Secretary
 Group
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.14291
 Amount of Each Receipt this Period
 25.00
 Payroll deduction bi-weekly \$25

B. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
 Mailing Address 7494 Heffley Court
 City State Zip Code
 Canal Winchester OH 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Motorists Insurance Sr. VP and Asst. Secretary
 Group
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 575.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 1 0
Transaction ID: SA11AI.14364
 Amount of Each Receipt this Period
 25.00
 Payroll deduction bi-weekly \$25

C. Full Name (Last, First, Middle Initial)
Marc S. Hall
 Mailing Address 5999 Lane Road
 City State Zip Code
 Centerburg OH 43011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Motorists Mutual Ins. Com- Assist. V. P.
 pany
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.14229
 Amount of Each Receipt this Period
 15.00
 Payroll deduction bi-weekly \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marc S. Hall	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5999 Lane Road	Transaction ID: SA11AI.14292
	City State Zip Code Centerburg OH 43011	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Marc S. Hall	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 5999 Lane Road	Transaction ID: SA11AI.14365
	City State Zip Code Centerburg OH 43011	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 813 East College Avenue	Transaction ID: SA11AI.14230
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.14293

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: SA11AI.14366

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Wilson Mutual Ins. Co.
Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.14199

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.14294

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: SA11AI.14367

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City State Zip Code
Pickerington OH 43147

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.14231

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City State Zip Code
Pickerington OH 43147

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14295

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City State Zip Code
Pickerington OH 43147

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14368

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

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

Mailing Address 1409 Snowmass Road

City State Zip Code
Columbus OH 43235

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14232

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ▶

55.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14296
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00
 FEC ID number of contributing federal political committee. C

B. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14369
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 575.00
 FEC ID number of contributing federal political committee. C

C. Full Name (Last, First, Middle Initial)
Jeffrey O. Hoover
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14234
 Amount of Each Receipt this Period 15.00
 Payroll deduction bi-weekly \$15
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 315.00
 FEC ID number of contributing federal political committee. C

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.14297
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.14370
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.14235
	City Canal Winchester State OH Zip Code 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 76
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14298

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14371

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Wilson Mutual Ins. Co.
Occupation Sr. V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14200

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt	
	Mailing Address 5729 Superior Avenue		M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14299
	Sheboygan	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Wilson Mutual Ins. Co.		Occupation Sr. V.P. Administration		Payroll deduction bi-weekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		550.00		

B.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt	
	Mailing Address 5729 Superior Avenue		M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14372
	Sheboygan	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Wilson Mutual Ins. Co.		Occupation Sr. V.P. Administration		Payroll deduction bi-weekly \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		575.00		

C.	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 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14236
	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 VP		Payroll deduction bi-weekly \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		630.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co		Occupation Executive VP	Transaction ID: SA11AI.14300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="660.00"/>	<input type="text" value="30.00"/>
			Payroll deduction bi-weekly \$30

B.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co		Occupation Executive VP	Transaction ID: SA11AI.14373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="690.00"/>	<input type="text" value="30.00"/>
			Payroll deduction bi-weekly \$30

C.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Johnstown	OH	43031
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation VP and CIO	Transaction ID: SA11AI.14237
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="20.00"/>
			Payroll deduction bi-weekly \$20

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00
 Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14301
 Amount of Each Receipt this Period 20.00
 Payroll deduction bi-weekly \$20

B. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00
 Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14374
 Amount of Each Receipt this Period 20.00
 Payroll deduction bi-weekly \$20

C. Full Name (Last, First, Middle Initial)
Anne B. King
 Mailing Address 6934 Roundwood Ct.
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00
 Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14238
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25

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

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

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

FOR LINE NUMBER: PAGE 40 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anne B. King
Mailing Address 6934 Roundwood Ct.
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14302
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

B. Full Name (Last, First, Middle Initial)
Anne B. King
Mailing Address 6934 Roundwood Ct.
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00
Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14375
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

C. Full Name (Last, First, Middle Initial)
Teresa M. King
Mailing Address 1139 Tidewater Court
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00
Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14239
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.14303
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.14376
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) Jeff Kirkey	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1749 Pinecone Court	Transaction ID: SA11AI.14240
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14304
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14377
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14201
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Transaction ID: SA11AI.14306
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 440.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

B.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Manitowoc	WI	45220
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Agency Operations	Transaction ID: SA11AI.14379
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 460.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14198
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 485.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14307
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25

B. Full Name (Last, First, Middle Initial)
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14380
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25

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

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14381
 Amount of Each Receipt this Period 125.00
 Quarterly contribution

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.14242
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.14308
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.14382
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14243
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14309
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14383
	City State Zip Code Worthington OH 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.14202
Amount of Each Receipt this Period 15.00
Payroll Deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.14310
Amount of Each Receipt this Period 15.00
Payroll Deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.14384
Amount of Each Receipt this Period 15.00
Payroll Deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.14264

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.14311

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2010

Transaction ID: SA11AI.14385

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.14206

Amount of Each Receipt this Period 45.00

Payroll deduction bi-weekly \$45

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.14312

Amount of Each Receipt this Period 45.00

Payroll deduction bi-weekly \$45

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2010

Transaction ID: SA11AI.14386

Amount of Each Receipt this Period 45.00

Payroll deduction bi-weekly \$45

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010

Transaction ID: SA11AI.14244

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.14313

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.14387

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Port Charlotte	FL	33953
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14207
Name of Employer retired from MIG		Occupation	Amount of Each Receipt this Period
		MIG Director	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Payroll deduction bi-weekly \$50
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Port Charlotte	FL	33953
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14314
Name of Employer retired from MIG		Occupation	Amount of Each Receipt this Period
		MIG Director	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Payroll deduction bi-weekly \$50
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Port Charlotte	FL	33953
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14388
Name of Employer retired from MIG		Occupation	Amount of Each Receipt this Period
		MIG Director	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Payroll deduction bi-weekly \$50
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1150.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 76
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mr. Mark Peacock</p> <p>Mailing Address 4460 Swenson Street</p> <p>City Hilliard State OH Zip Code 43026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2010</p> <p>Transaction ID: SA11AI.14245</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction bi-weekly \$15</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Mark Peacock</p> <p>Mailing Address 4460 Swenson Street</p> <p>City Hilliard State OH Zip Code 43026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p>Transaction ID: SA11AI.14315</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction bi-weekly \$15</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Mark Peacock</p> <p>Mailing Address 4460 Swenson Street</p> <p>City Hilliard State OH Zip Code 43026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 345.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 12 / 2010</p> <p>Transaction ID: SA11AI.14389</p> <p>Amount of Each Receipt this Period 15.00</p> <p>Payroll deduction bi-weekly \$15</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>45.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.14265
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.14317
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.14391
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14247
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 315.00	Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14318
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 330.00	Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 12 / 2010
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14392
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 345.00	Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 76

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Commercial Lines

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14196

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Commercial Lines

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14319

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Commercial Lines

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14393

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court

City State Zip Code
Grove City OH 43123

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

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.14248
Amount of Each Receipt this Period: 15.00
Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court

City State Zip Code
Grove City OH 43123

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

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.14320
Amount of Each Receipt this Period: 15.00
Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court

City State Zip Code
Grove City OH 43123

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

Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.14394
Amount of Each Receipt this Period: 15.00
Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.14249
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.14321
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.14395
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 76
(check only one)

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

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

A.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: SA11AI.14250

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

B.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.14322

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

C.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 12 / 2010

Transaction ID: SA11AI.14396

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14203

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14323

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14397

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.14251
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.14324
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.14398
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt
	Mailing Address 734 Prairie Run Dr.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Assistant VP	Transaction ID: SA11AI.14252
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="315.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt
	Mailing Address 734 Prairie Run Dr.		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Assistant VP	Transaction ID: SA11AI.14325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="330.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt
	Mailing Address 734 Prairie Run Dr.		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Co.		Occupation Assistant VP	Transaction ID: SA11AI.14399
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="345.00"/>	<input type="text" value="15.00"/>
			Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 76

(check only one)

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

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

A.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1155.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14208

Amount of Each Receipt this Period
55.00

Payroll deduction bi-weekly \$55

B.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14326

Amount of Each Receipt this Period
55.00

Payroll deduction bi-weekly \$55

C.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1265.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14400

Amount of Each Receipt this Period
55.00

Payroll deduction bi-weekly \$55

SUBTOTAL of Receipts This Page (optional) ▶

165.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14253

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14327

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14401

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 76
(check only one)

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

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

A.

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.14254
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

B.

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.14328
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

C.

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.14402
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 76
(check only one)

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

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

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

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.14255
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.14329
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.14403
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Life Insurance Assist. V. P., Life Underwriting
Compa

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14256

Amount of Each Receipt this Period

15.00

Payroll deduction b-weekly
\$15

B.

Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Life Insurance Assist. V. P., Life Underwriting
Compa

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14330

Amount of Each Receipt this Period

15.00

Payroll deduction b-weekly
\$15

C.

Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Life Insurance Assist. V. P., Life Underwriting
Compa

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14404

Amount of Each Receipt this Period

15.00

Payroll deduction b-weekly
\$15

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14257
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

B.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14331
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 12 / 2010
	City	State	Zip Code
	Lewis Center	OH	43035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14405
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14258
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14332
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 5444 Spring Hill Road	Transaction ID: SA11AI.14406
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs		Date of Receipt
	Mailing Address 1300 Scenic Hill Ln.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	DeWitt	IA	52742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14408
Name of Employer Iowa Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 125.00
			Quarterly Contribution

B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14260
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14333
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 165.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 76

(check only one)

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

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

A.

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

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14409

Amount of Each Receipt this Period
20.00

Payroll deduction bi-weekly \$20

B.

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14204

Amount of Each Receipt this Period
40.00

Payroll deduction bi-weekly \$40

C.

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14334

Amount of Each Receipt this Period
40.00

Payroll deduction bi-weekly \$40

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 76

(check only one)

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

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

A.

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

Mailing Address 5203 South 8th Street

City	State	Zip Code
Sheboygan	WI	53081

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

Name of Employer Wilson Mutual Ins. Company	Occupation President
------------------------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14410

Amount of Each Receipt this Period
40.00

Payroll deduction bi-weekly \$40

B.

Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City	State	Zip Code
Bettendorf	IA	52722

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

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims
------------------------------------------	----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14197

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

C.

Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City	State	Zip Code
Bettendorf	IA	52722

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

Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims
------------------------------------------	----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14335

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14411

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14261

Amount of Each Receipt this Period 30.00

Payroll deduction bi-weekly \$30

C.

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14336

Amount of Each Receipt this Period 30.00

Payroll deduction bi-weekly \$30

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 76		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Charles A. Wickert	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 5519 Medallion Drive W.	Transaction ID: SA11AI.14412
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$30
	Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00	

B.	Full Name (Last, First, Middle Initial) Charles A. Williams	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 14924 S. R. 35, E.	Transaction ID: SA11AI.14262
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) Charles A. Williams	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 14924 S. R. 35, E.	Transaction ID: SA11AI.14337
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 76
(check only one)

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

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

A.

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.14413

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14263

Amount of Each Receipt this Period 35.00

Payroll deduction bi-weekly \$35

C.

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

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14338

Amount of Each Receipt this Period 35.00

Payroll deduction bi-weekly \$35

SUBTOTAL of Receipts This Page (optional) ► 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 76	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt	
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.14414
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	35.00
	Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer	Payroll deduction bi-weekly \$35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		805.00		

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 76

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

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

A.

Full Name (Last, First, Middle Initial)
Batchelder for Representative Committee

Mailing Address 105 West Liberty Street

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

Candidate Name
Batchelder for Representative Committee

Office Sought: House
 Senate
 President

State: OH District: 69

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.14192

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00