



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="8159.01"/>	<input type="text" value="8159.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20241.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11772.20"/>	<input type="text" value="31604.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="32013.51"/>	<input type="text" value="39763.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="13750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26013.51"/>	<input type="text" value="26013.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11420.70	17966.80
(ii) Unitemized .....	351.50	13637.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11772.20	31604.50
(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) .....	11772.20	31604.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11772.20	31604.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11772.20	31604.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4000.00	11750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6000.00	13750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	13750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11772.20	31604.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11772.20	31604.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 156  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19482**

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

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19556**

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

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19622**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19689**

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

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19762**

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

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

Mailing Address 5658 Tynecastle Loop

City State Zip Code  
 Dublin OH 43016

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19763**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

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

FOR LINE NUMBER: PAGE 8 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Mutual Ins. Co. VP Personal Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19764**

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

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

Mailing Address 2746 Sandhurst Dr.

City State Zip Code  
 Lewis Center OH 43035

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19483**

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

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

Mailing Address 2746 Sandhurst Dr.

City State Zip Code  
 Lewis Center OH 43035

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19557**

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

**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: PAGE 9 OF 156  
(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. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19623**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19690**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19765**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 10 OF 156  
(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. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19766**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19767**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. John J. Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1390 Picardae Court  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1880.00

Date of Receipt 07 / 29 / 2013  
**Transaction ID : SA11AI.19688**  
 Amount of Each Receipt this Period 1000.00  
 personal deposit

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Richard B. Bowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S86 W33540 Short Drive  
 City Mukwonago State WI Zip Code 53149-9306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19758**  
 Amount of Each Receipt this Period 125.00  
 payroll deduction of \$125.00

**B. Mrs. Annette Braet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1831 265th Street  
 City Calamus State IA Zip Code 52729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19485**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**C. Mrs. Annette Braet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1831 265th Street  
 City Calamus State IA Zip Code 52729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Info Tech.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19558**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19624**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction of \$20

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

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19691**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction of \$20

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

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19768**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction of \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19769**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction of \$20

**B. Mrs. Annette Braet**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19770**

Amount of Each Receipt this Period  

20.00
-------

 payroll deduction of \$20

**C. Mr. Jon A. Bright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19486**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 156  
(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**

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

Mailing Address 4915 Norfolk Place

City Bettendorf      State IA      Zip Code 52722

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19559**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

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

Mailing Address 4915 Norfolk Place

City Bettendorf      State IA      Zip Code 52722

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19625**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

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

Mailing Address 4915 Norfolk Place

City Bettendorf      State IA      Zip Code 52722

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19692**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 15 OF 156  
(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. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19771**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19772**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Jon A. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4915 Norfolk Place  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19773**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 16 OF 156  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 05 / 2013**

**Transaction ID : SA11AI.19487**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 19 / 2013**

**Transaction ID : SA11AI.19560**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 02 / 2013**

**Transaction ID : SA11AI.19626**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$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 17 OF 156  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼  
 255.00

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19693**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼  
 270.00

Date of Receipt  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19774**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼  
 285.00

Date of Receipt  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19775**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 18 OF 156  
(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**

Full Name (Last, First, Middle Initial)  
**A. Thomas J. Brock**

Mailing Address 60 E. Spring St. #326

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 ▼ **300.00**

Date of Receipt  
**09 / 27 / 2013**  
**Transaction ID : SA11AI.19776**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **210.00**

Date of Receipt  
**07 / 05 / 2013**  
**Transaction ID : SA11AI.19488**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**c. 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 ▼ **225.00**

Date of Receipt  
**07 / 19 / 2013**  
**Transaction ID : SA11AI.19561**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$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 19 OF 156  
(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. Thomas D. Campana**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19627**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Thomas D. Campana**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19694**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**c. Thomas D. Campana**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19777**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 20 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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 ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11Al.19778**

Amount of Each Receipt this Period  
15.00

payroll deduction of \$15

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

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11Al.19779**

Amount of Each Receipt this Period  
15.00

payroll deduction of \$15

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

Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11Al.19490**

Amount of Each Receipt this Period  
25.00

payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : SA11AI.19562**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**B. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 02 / 2013**  
**Transaction ID : SA11AI.19628**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**C. Mr. Grady Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 16 / 2013**  
**Transaction ID : SA11AI.19695**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 156
<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. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19780**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**B. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19781**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**C. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19782**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 OF 156  
(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**

Full Name (Last, First, Middle Initial)  
**A. Edward F. Caron**

Mailing Address 29 Hazelwood Rd.

City Hudson State NH Zip Code 03051

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

Name of Employer Phenix Mutual Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19972**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mrs. Camille Craig**

Mailing Address 4282 Hunts Drive

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19492**

Amount of Each Receipt this Period  
15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Mrs. Camille Craig**

Mailing Address 4282 Hunts Drive

City Gahanna State OH Zip Code 43230

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

Name of Employer Motorists Life Ins. Co. Occupation Assistant Vice President Life Adm.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19563**

Amount of Each Receipt this Period  
15.00

payroll deduction of \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

**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 24 OF 156  
(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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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. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19629**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19696**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19783**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 156
<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. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19784**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.
---------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19785**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19493**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 156
	<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	<input type="checkbox"/> 17

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

**A. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : SA11AI.19564**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19630**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53 Nottingham Road

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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 ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19697**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 27 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11Al.19786**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11Al.19787**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mrs. Rose DePontes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 Nottingham Road  
 City Columbus State OH Zip Code 43214  
 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 ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11Al.19788**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 28 OF 156  
(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. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19494**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19565**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 City State Zip Code  
 Dublin OH 43016  
 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19631**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 156
	<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. Douglas L. Dodson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square PI

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2013

**Transaction ID : SA11AI.19698**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

Mailing Address 4084 Herald Square PI

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

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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

**Transaction ID : SA11AI.19789**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

Mailing Address 4084 Herald Square PI

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

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 ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2013

**Transaction ID : SA11AI.19790**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 30 OF 156  
(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. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square Pl  
 City State Zip Code  
 Dublin OH 43016  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19791**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City State Zip Code  
 Galion OH 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Mutual Insurance Asst. Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19495**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City State Zip Code  
 Galion OH 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Mutual Insurance Asst. Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19566**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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: PAGE 31 OF 156  
(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. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19632**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19699**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19792**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 OF 156  
(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. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19793**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Stephen T. Entenmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7271 Middletown Rd.  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Motorists Mutual Insurance Occupation Asst. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19794**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Jason M Eppley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7918 Brianna Drive  
 City Blacklick State OH Zip Code 43004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, Commercial Production & Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19496**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 33 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Jason M Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
---------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : SA11AI.19567**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mr. Jason M Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
---------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19633**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mr. Jason M Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
---------------------------------------------------	-----------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19700**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 156
<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jason M Eppley</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 <b>Transaction ID : SA11AI.19795</b>
Mailing Address 7918 Brianna Drive		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jason M Eppley</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : SA11AI.19796</b>
Mailing Address 7918 Brianna Drive		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jason M Eppley</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 <b>Transaction ID : SA11AI.19797</b>
Mailing Address 7918 Brianna Drive		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Blacklick	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Commercial Production & Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 156
	<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. Jeffrey S Fee**  
Full Name (Last, First, Middle Initial)

Mailing Address 537 Courtright Court

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Co. Occupation Asst Vice President Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **09 / 27 / 2013**  
Transaction ID : **SA11AI.19800**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1131.40**

Date of Receipt **07 / 05 / 2013**  
Transaction ID : **SA11AI.19498**

Amount of Each Receipt this Period **70.10**  
payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

City Englewood State FL Zip Code 34224

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1201.50**

Date of Receipt **07 / 19 / 2013**  
Transaction ID : **SA11AI.19569**

Amount of Each Receipt this Period **70.10**  
payroll deduction of \$70.10

**SUBTOTAL** of Receipts This Page (optional)..... **155.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
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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 ▼  
1271.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19635**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1341.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19702**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19757**

Amount of Each Receipt this Period  

75.00
-------

 payroll deduction of \$75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
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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 ▼  
1486.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19801**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1556.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19802**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

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

Mailing Address 9240 Griggs Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1627.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19803**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

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

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

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

FOR LINE NUMBER: PAGE 38 OF 156  
(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. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19499**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19570**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19636**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 39 OF 156  
(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. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19703**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19804**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19805**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 40 OF 156
	<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. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 **300.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : SA11AI.19806**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$15

**B. Ms Ying George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 05 / 2013**  
**Transaction ID : SA11AI.19503**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$15

**c. Ms Ying George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : SA11AI.19572**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$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 41 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms Ying George**  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19638**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Ms Ying George**  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19705**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**c. Ms Ying George**  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19810**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 42 OF 156
<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. Ms Ying George**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax Services
----------------------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19811**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Ms Ying George**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1389 Glenn Ave

City Columbus	State OH	Zip Code 43212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax Services
----------------------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19812**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 63 Penacook Rd.

City Contoocook	State NH	Zip Code 03229
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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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19504**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>55.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 43 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19573**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19639**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19706**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 44 OF 156  
(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. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19813**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19814**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Rolf H. Gesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Penacook Rd.  
 City State Zip Code  
 Contoocook NH 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Phenix Mutual President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19815**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 45 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19505**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19574**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19640**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 46 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19707**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19816**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19817**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 47 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Jeanne I. Gibbons**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19818**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Elizabeth Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Ellis Place  
 City Columbus State OH Zip Code 43204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19506**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Elizabeth Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Ellis Place  
 City Columbus State OH Zip Code 43204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation AVP Personal Lines Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19575**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 48 OF 156
<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. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19641**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19708**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19819**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 156
<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. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19820**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19821**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Shaun D. Gregoire**  
Full Name (Last, First, Middle Initial)

Mailing Address 396 Shelby Avenue, East

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

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

Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing
---------------------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19507**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 19 / 2013**  
Transaction ID : **SA11AI.19576**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 02 / 2013**  
Transaction ID : **SA11AI.19642**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 16 / 2013**  
Transaction ID : **SA11AI.19709**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$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 51 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
**08 / 30 / 2013**  
**Transaction ID : SA11AI.19822**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
**09 / 13 / 2013**  
**Transaction ID : SA11AI.19823**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Shaun D. Gregoire**

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company Occupation VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 27 / 2013**  
**Transaction ID : SA11AI.19824**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$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 52 OF 156  
(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. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19508**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19577**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19643**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 53 OF 156  
(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. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19710**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19825**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4819 St. Andrews Circle  
 City State Zip Code  
 Westerville OH 43082  
 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 ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19826**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 54 OF 156
	<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. Dino Guanciale**  
Full Name (Last, First, Middle Initial)

Mailing Address 4819 St. Andrews Circle

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19827**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$15

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

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19509**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : SA11AI.19578**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> 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 55 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Insurance Group Sr. VP, Secretary & CRO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19644**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Insurance Group Sr. VP, Secretary & CRO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19711**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7494 Heffley Court  
 City State Zip Code  
 Canal Winchester OH 43110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Motorists Insurance Group Sr. VP, Secretary & CRO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19829**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Susan E. Haack</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : SA11AI.19830</b>
Mailing Address 7494 Heffley Court		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. C		
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Susan E. Haack</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 <b>Transaction ID : SA11AI.19831</b>
Mailing Address 7494 Heffley Court		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. C		
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Marc S. Hall</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2013 <b>Transaction ID : SA11AI.19510</b>
Mailing Address 5999 Lane Road		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C		
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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19579**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19645**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. 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. Company Assist. V. P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19712**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 58 OF 156  
(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. Marc S. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19832**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Marc S. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19833**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Marc S. Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19834**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 59 OF 156
<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. Paul T. Hammer**  
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 ▼ **210.00**

Date of Receipt **07 / 05 / 2013**

**Transaction ID : SA11AI.19511**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 ▼ **225.00**

Date of Receipt **07 / 19 / 2013**

**Transaction ID : SA11AI.19580**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 ▼ **240.00**

Date of Receipt **08 / 02 / 2013**

**Transaction ID : SA11AI.19646**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 60 OF 156  
(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. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19713**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19835**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Paul T. Hammer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 East College Avenue  
 City Westerville State OH Zip Code 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19836**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 61 OF 156
	<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. Paul T. Hammer**  
Full Name (Last, First, Middle Initial)

Mailing Address 813 East College Avenue

City Westerville State OH Zip Code 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 ▼ **300.00**

Date of Receipt **09 / 27 / 2013**

**Transaction ID : SA11AI.19837**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 05 / 2013**

**Transaction ID : SA11AI.19512**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 19 / 2013**

**Transaction ID : SA11AI.19581**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$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 62 OF 156  
(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. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19647**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19714**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Thomas J. Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19838**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 63 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 13 / 2013**

**Transaction ID : SA11AI.19839**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 27 / 2013**

**Transaction ID : SA11AI.19840**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 05 / 2013**

**Transaction ID : SA11AI.19513**

Amount of Each Receipt this Period **25.00**

payroll deduction of \$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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : SA11AI.19582**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**B. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 02 / 2013**  
**Transaction ID : SA11AI.19648**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**C. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 16 / 2013**  
**Transaction ID : SA11AI.19715**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

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



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

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

FOR LINE NUMBER: PAGE 65 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19841**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19842**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Peter A. Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Snowmass Road  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19843**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 156
	<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. Jeffrey O. Hoover**  
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 05 / 2013**

**Transaction ID : SA11AI.19514**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

**B. Jeffrey O. Hoover**  
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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 ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 19 / 2013**

**Transaction ID : SA11AI.19583**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

**C. Jeffrey O. Hoover**  
Full Name (Last, First, Middle Initial)

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 02 / 2013**

**Transaction ID : SA11AI.19649**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 68 OF 156
	<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. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4556 Dirham Court  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19846**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City Canal Winchester State OH Zip Code 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 ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19516**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore Lane  
 City Canal Winchester State OH Zip Code 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 ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19584**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2013

**Transaction ID : SA11AI.19650**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 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 ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2013

**Transaction ID : SA11AI.19717**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 6401 Rossmore Lane

City Canal Winchester	State OH	Zip Code 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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

**Transaction ID : SA11AI.19847**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 70 OF 156
	<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. Mr. Dan E. Jeffers**  
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 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 ▼ **285.00**

Date of Receipt **09 / 13 / 2013**

**Transaction ID : SA11AI.19848**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

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

Mailing Address 6401 Rossmore Lane

City Canal Winchester State OH Zip Code 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 ▼ **300.00**

Date of Receipt **09 / 27 / 2013**

**Transaction ID : SA11AI.19849**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

**C. Ms Jessica Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 E. Dominion Blvd

City Columbus State OH Zip Code 43214

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 05 / 2013**

**Transaction ID : SA11AI.19517**

Amount of Each Receipt this Period **15.00**

payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City Columbus State OH Zip Code 43214

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**07 / 19 / 2013**  
**Transaction ID : SA11AI.19585**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City Columbus State OH Zip Code 43214

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**08 / 02 / 2013**  
**Transaction ID : SA11AI.19651**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City Columbus State OH Zip Code 43214

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

Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
**08 / 16 / 2013**  
**Transaction ID : SA11AI.19718**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$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 72 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City State Zip Code  
 Columbus OH 43214

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

Name of Employer Occupation  
 Motorists Mutual Insurance Co. AVP, Commercial Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19850**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City State Zip Code  
 Columbus OH 43214

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

Name of Employer Occupation  
 Motorists Mutual Insurance Co. AVP, Commercial Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19851**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Ms Jessica Jones**

Mailing Address 120 E. Dominion Blvd

City State Zip Code  
 Columbus OH 43214

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

Name of Employer Occupation  
 Motorists Mutual Insurance Co. AVP, Commercial Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19852**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 73 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue  
City Sheboygan State WI Zip Code 53083  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19518**  
Amount of Each Receipt this Period 25.00  
payroll deduction of \$25

**B. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue  
City Sheboygan State WI Zip Code 53083  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19586**  
Amount of Each Receipt this Period 25.00  
payroll deduction of \$25

**C. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue  
City Sheboygan State WI Zip Code 53083  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19652**  
Amount of Each Receipt this Period 25.00  
payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 74 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19719**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19853**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19854**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

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

FOR LINE NUMBER: PAGE 75 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19855**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19519**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**C. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City Worthington State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19587**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**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 76 OF 156  
(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. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19653**  
 Amount of Each Receipt this Period  
 30.00  
 payroll deduction of \$30

**B. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19720**  
 Amount of Each Receipt this Period  
 30.00  
 payroll deduction of \$30

**C. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19856**  
 Amount of Each Receipt this Period  
 30.00  
 payroll deduction of \$30

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

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

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

FOR LINE NUMBER: PAGE 77 OF 156  
(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. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19857**  
 Amount of Each Receipt this Period  
 30.00  
 payroll deduction of \$30

**B. David L. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 Greenside Lane  
 City State Zip Code  
 Worthington OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co Executive VP & COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19858**  
 Amount of Each Receipt this Period  
 30.00  
 payroll deduction of \$30

**c. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City State Zip Code  
 Johnstown OH 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. VP and CIO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19520**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

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

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

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

FOR LINE NUMBER: PAGE 78 OF 156  
(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. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19588**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**B. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19654**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**c. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19721**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**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 79 OF 156  
(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. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 30 / 2013**  
**Transaction ID : SA11AI.19859**  
 Amount of Each Receipt this Period **20.00**  
 payroll deduction of \$20

**B. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : SA11AI.19860**  
 Amount of Each Receipt this Period **20.00**  
 payroll deduction of \$20

**c. John C. Kessler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : SA11AI.19861**  
 Amount of Each Receipt this Period **20.00**  
 payroll deduction of \$20

**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 80 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

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 ▼ **350.00**

Date of Receipt  
**07 / 05 / 2013**

**Transaction ID : SA11AI.19521**

Amount of Each Receipt this Period  
**25.00**

payroll deduction of \$25

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

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 ▼ **375.00**

Date of Receipt  
**07 / 19 / 2013**

**Transaction ID : SA11AI.19589**

Amount of Each Receipt this Period  
**25.00**

payroll deduction of \$25

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

Mailing Address 6934 Roundwood Ct.

City State Zip Code  
Dublin OH 43016

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 ▼ **400.00**

Date of Receipt  
**08 / 02 / 2013**

**Transaction ID : SA11AI.19655**

Amount of Each Receipt this Period  
**25.00**

payroll deduction of \$25

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 156
<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. Anne B. King**  
Full Name (Last, First, Middle Initial)

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 ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19722**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19862**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

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

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 ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19863**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 82 OF 156
	<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. Anne B. King**  
Full Name (Last, First, Middle Initial)

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 ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19864**

Amount of Each Receipt this Period  

500.00
--------

 payroll deduction of \$25

**B. Teresa M. King**  
Full Name (Last, First, Middle Initial)

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 ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19522**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Teresa M. King**  
Full Name (Last, First, Middle Initial)

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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : SA11AI.19590**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.00</b>
<b>TOTAL</b> 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 83 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

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 ▼  
240.00

Date of Receipt  
 /  /   
 08 / 02 / 2013  
**Transaction ID : SA11AI.19656**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

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 ▼  
255.00

Date of Receipt  
 /  /   
 08 / 16 / 2013  
**Transaction ID : SA11AI.19723**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
Westerville OH 43082

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 ▼  
270.00

Date of Receipt  
 /  /   
 08 / 30 / 2013  
**Transaction ID : SA11AI.19865**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 84 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
 Westerville OH 43082

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 ▼  
 285.00

Date of Receipt  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19866**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Teresa M. King**

Mailing Address 1139 Tidewater Court

City State Zip Code  
 Westerville OH 43082

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 ▼  
 300.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19867**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Jeff Kirkey**

Mailing Address 1749 Pinecone Court

City State Zip Code  
 Lewis Center OH 43035

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 ▼  
 210.00

Date of Receipt  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19523**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 85 OF 156  
(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. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19591**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19657**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19724**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 86 OF 156  
(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. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19868**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19869**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Jeff Kirkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1749 Pinecone Court  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19870**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19525**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**B. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19593**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**C. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19659**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19726**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**B. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19874**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**C. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19875**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**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: (check only one)	PAGE 89 OF 156
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<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. Mr. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19876**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**B. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19526**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19594**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19660**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19727**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19877**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

**A. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19878**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19879**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Mr. David W. Lemon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 Southshore Drive  
 City Greenback State TN Zip Code 37742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19760**  
 Amount of Each Receipt this Period 125.00  
 payroll deduction of \$125.00

**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

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(check only one)  
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 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
Westerville OH 43082

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19527**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
Westerville OH 43082

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19595**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Michael Lisi**

Mailing Address 6740 Callaway Court

City State Zip Code  
Westerville OH 43082

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19661**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Michael Lisi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6740 Callaway Court  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19882**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Todd A. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19528**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Todd A. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19596**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 96 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Todd A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 43285

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 ▼ **285.00**

Date of Receipt **09 / 13 / 2013**  
Transaction ID : **SA11AI.19884**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

**B. Todd A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 43285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 27 / 2013**  
Transaction ID : **SA11AI.19885**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

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

Mailing Address #1 2441 121 Cir NE

City Blaine State MN Zip Code 55449

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

Name of Employer American Hardware Mutual Ins Occupation V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 05 / 2013**  
Transaction ID : **SA11AI.19529**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$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 97 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19597**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19663**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Steven E. Manteufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #1 2441 121 Cir NE  
 City Blaine State MN Zip Code 55449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19730**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 98 OF 156
	<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. Mr. Steven E. Manteufel**  
Full Name (Last, First, Middle Initial)

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--------------------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19886**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--------------------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19887**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address #1 2441 121 Cir NE

City Blaine	State MN	Zip Code 55449
----------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins	Occupation V.P.
--------------------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19888**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19530**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**B. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 Hunters Ridge Court  
 City State Zip Code  
 Manitowoc WI 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19598**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**C. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 Hunters Ridge Court  
 City State Zip Code  
 Manitowoc WI 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19664**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2135 Hunters Ridge Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2013

**Transaction ID : SA11AI.19731**

Amount of Each Receipt this Period  

45.00
-------

 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

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

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 ▼ **810.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

**Transaction ID : SA11AI.19889**

Amount of Each Receipt this Period  

45.00
-------

 payroll deduction of \$45

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

Mailing Address 2135 Hunters Ridge Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2013

**Transaction ID : SA11AI.19890**

Amount of Each Receipt this Period  

45.00
-------

 payroll deduction of \$45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> 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 101 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19891**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**B. Yvette McGee-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 643 Crossing Creek S.  
 City State Zip Code  
 Gahanna OH 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19973**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**C. Mark J. Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 East Fifth Avenue  
 City State Zip Code  
 Lancaster OH 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Insurance Company Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19531**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**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 102 OF 156
	<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. Mark J. Nixon**  
Full Name (Last, First, Middle Initial)

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 ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19599**

Amount of Each Receipt this Period 15.00  
payroll deduction of \$15

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

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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19665**

Amount of Each Receipt this Period 15.00  
payroll deduction of \$15

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

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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19732**

Amount of Each Receipt this Period 15.00  
payroll deduction of \$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 103 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **270.00**

Date of Receipt  
**08 / 30 / 2013**  
**Transaction ID : SA11AI.19892**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **285.00**

Date of Receipt  
**09 / 13 / 2013**  
**Transaction ID : SA11AI.19893**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **300.00**

Date of Receipt  
**09 / 27 / 2013**  
**Transaction ID : SA11AI.19894**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$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 104 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19532**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19600**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19666**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

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

FOR LINE NUMBER: PAGE 105 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19733**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19895**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

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

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
 Port Charlotte FL 33953

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

Name of Employer Occupation  
 Retired from MIG Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19896**

Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas C. Ogg</b>			Date of Receipt MM / DD / YYYY 09 / 27 / 2013 <b>Transaction ID : SA11AI.19897</b>
Mailing Address 4612 Club Dr., Unit 201			Amount of Each Receipt this Period 800.00 payroll deduction of \$50
City Port Charlotte	State FL	Zip Code 33953	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired from MIG	Occupation Director	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Peacock</b>			Date of Receipt MM / DD / YYYY 07 / 05 / 2013 <b>Transaction ID : SA11AI.19533</b>
Mailing Address 4460 Swenson Street			Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Hilliard	State OH	Zip Code 43026	
FEC ID number of contributing federal political committee. C			
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Peacock</b>			Date of Receipt MM / DD / YYYY 07 / 19 / 2013 <b>Transaction ID : SA11AI.19601</b>
Mailing Address 4460 Swenson Street			Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Hilliard	State OH	Zip Code 43026	
FEC ID number of contributing federal political committee. C			
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 107 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19667**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19734**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Mark Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4460 Swenson Street  
 City Hilliard State OH Zip Code 43026  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19898**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 108 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Mark Peacock**  
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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 ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19899**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mr. Mark Peacock**  
Full Name (Last, First, Middle Initial)

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19901**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mr. Carl Richard Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19535**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 109 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19603**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19669**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Mr. Carl Richard Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5241 Lincoln Dr #119  
 City Edina State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19736**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 110 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Carl Richard Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19905**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mr. Carl Richard Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19906**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Mr. Carl Richard Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting
---------------------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19907**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 111 OF 156  
(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. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19536**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19604**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19670**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 112 OF 156  
(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. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19737**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19908**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Damian Puchala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Olenview Circle  
 City Powell State OH Zip Code 43065  
 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19909**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 113 OF 156
<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. Damian Puchala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Olenview Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19910**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Pamela Puleo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Millstone Drive

City Concord	State NH	Zip Code 03301
-----------------	-------------	-------------------

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

Name of Employer Phenix Mutual	Occupation Director
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19971**

Amount of Each Receipt this Period  

250.00
--------

 Contribution

**C. Georgia Puls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19537**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>280.00</b>
<b>TOTAL</b> 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 114 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19605**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19671**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19738**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 115 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19911**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19912**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Georgia Puls**

Mailing Address 825 West Price Street

City Eldridge	State IA	Zip Code 52748
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19913**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 116 OF 156  
(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. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19538**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19606**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19672**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 117 OF 156  
(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. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19739**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19914**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Kelly Reisling**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19915**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 118 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

City Grove City	State OH	Zip Code 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 ▼	300.00
--------------------------	--------

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19916**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	350.00
--------------------------	--------

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19539**

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

**C. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	375.00
--------------------------	--------

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19607**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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 119 OF 156  
(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. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19673**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**B. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19740**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Randolph A. Rudowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 Loch Ness Avenue  
 City State Zip Code  
 Worthington OH 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19917**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 156
<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. Randolph A. Rudowicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2013**

**Transaction ID : SA11AI.19918**

Amount of Each Receipt this Period  
**25.00**

payroll deduction of \$25

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code  
Worthington OH 43085

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2013**

**Transaction ID : SA11AI.19919**

Amount of Each Receipt this Period  
**25.00**

payroll deduction of \$25

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

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 ▼  
**210.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 05 / 2013**

**Transaction ID : SA11AI.19540**

Amount of Each Receipt this Period  
**15.00**

payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> 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 121 OF 156  
(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. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19608**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19674**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mrs. Karen L. Schultz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Sommer Drive  
 City Sheboygan State WI Zip Code 53081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V. P. Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19741**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 122 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		30		2013

**Transaction ID : SA11AI.19920**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		13		2013

**Transaction ID : SA11AI.19921**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 1116 Sommer Drive

City Sheboygan	State WI	Zip Code 53081
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		27		2013

**Transaction ID : SA11AI.19922**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 123 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Austin Slattery**

Mailing Address 734 Prairie Run Dr.

City	State	Zip Code
Sunbury	OH	43074

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

Name of Employer	Occupation
Motorists Mutual Ins Co.	Assistant VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.19541**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Austin Slattery**

Mailing Address 734 Prairie Run Dr.

City	State	Zip Code
Sunbury	OH	43074

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

Name of Employer	Occupation
Motorists Mutual Ins Co.	Assistant VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

**Transaction ID : SA11AI.19609**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Austin Slattery**

Mailing Address 734 Prairie Run Dr.

City	State	Zip Code
Sunbury	OH	43074

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

Name of Employer	Occupation
Motorists Mutual Ins Co.	Assistant VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19675**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 124 OF 156  
(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. Austin Slattery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19742**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Austin Slattery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19923**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Austin Slattery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 Prairie Run Dr.  
 City Sunbury State OH Zip Code 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19924**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 125 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Austin Slattery**  
 Mailing Address 734 Prairie Run Dr.  
 City State Zip Code  
 Sunbury OH 43074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19925**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19543**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

Full Name (Last, First, Middle Initial)  
**C. 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:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19610**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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 126 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19676**

Amount of Each Receipt this Period  

55.00
-------

 payroll deduction of \$55

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

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19743**

Amount of Each Receipt this Period  

55.00
-------

 payroll deduction of \$55

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

Mailing Address 29270 Hampshire Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19926**

Amount of Each Receipt this Period  

55.00
-------

 payroll deduction of \$55

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</b>
<b>TOTAL</b> 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 127 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29270 Hampshire Place  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1045.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19927**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

**B. Mr. Robert C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29270 Hampshire Place  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19928**  
 Amount of Each Receipt this Period  
 55.00  
 payroll deduction of \$55

**C. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11AI.19544**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**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 128 OF 156  
(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. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19611**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19677**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19744**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 129 OF 156  
(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. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19929**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19930**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Ralph W. Smithers Jr.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins. Company VP MAX Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : SA11AI.19931**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 130 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2013 <b>Transaction ID : SA11AI.19545</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 07 / 19 / 2013 <b>Transaction ID : SA11AI.19612</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>c. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 08 / 02 / 2013 <b>Transaction ID : SA11AI.19678</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 131 OF 156  
(check only one)  
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 13     14     15     16     17

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

**A. Charles D. Stapleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19745**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**B. Charles D. Stapleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19932**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**c. Charles D. Stapleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19933**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Charles D. Stapleton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 Kindler Drive  
 City New Albany State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : SA11AI.19934**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**B. Tamera A. Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8816 Cooks Hill Road  
 City Glenford State OH Zip Code 43739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 05 / 2013**  
**Transaction ID : SA11AI.19546**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**C. Tamera A. Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8816 Cooks Hill Road  
 City Glenford State OH Zip Code 43739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : SA11AI.19613**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> 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 133 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19679**

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

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19746**

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

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19935**

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

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 156
<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. Tamera A. Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Cooks Hill Road

City Glenford State OH Zip Code 43739

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : SA11AI.19936**

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

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

Mailing Address 8816 Cooks Hill Road

City Glenford State OH Zip Code 43739

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : SA11AI.19937**

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

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 05 / 2013**  
**Transaction ID : SA11AI.19547**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 135 OF 156  
(check only one)  
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 13     14     15     16     17

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

**A. Mr. Craig Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 19 / 2013**  
**Transaction ID : SA11AI.19614**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**B. Mr. Craig Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 02 / 2013**  
**Transaction ID : SA11AI.19680**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

**C. Mr. Craig Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Maxwell Avenue  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 16 / 2013**  
**Transaction ID : SA11AI.19747**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19938**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**B. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.19939**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**C. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : SA11AI.19940**

Amount of Each Receipt this Period  

25.00
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 payroll deduction of \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2013  
**Transaction ID : SA11Al.19548**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11Al.19615**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11Al.19681**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 138 OF 156  
(check only one)  
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 13     14     15     16     17

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

**A. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19748**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.19941**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**C. Mrs. Sharon B Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5444 Spring Hill Road  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.19942**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 139 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Sharon B Thompson</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2013 <b>Transaction ID : SA11AI.19943</b>
Mailing Address 5444 Spring Hill Road		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
City Grove City	State OH	Zip Code 43123
FEC ID number of contributing federal political committee. C	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Alan R. Tubbs</b>		Date of Receipt MM / DD / YYYY 08 / 16 / 2013 <b>Transaction ID : SA11AI.19761</b>
Mailing Address 1300 Scenic Hill Ln.		Amount of Each Receipt this Period 125.00 payroll deduction of \$125.00
City DeWitt	State IA	Zip Code 52742
FEC ID number of contributing federal political committee. C	Name of Employer Iowa Mutual Ins. Co.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Peter A. Weisenberger</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2013 <b>Transaction ID : SA11AI.19549</b>
Mailing Address 7105 Lakebrook Blvd.		Amount of Each Receipt this Period 20.00 payroll deduction of \$20
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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 140 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2013  
**Transaction ID : SA11AI.19616**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**B. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA11AI.19682**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**C. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2013  
**Transaction ID : SA11AI.19749**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$20

**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 141 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19944**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**B. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19945**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**C. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 Lakebrook Blvd.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19946**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**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: (check only one)	PAGE 142 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward Wetzel</b>		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bettendorf	IA	52722
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Iowa Mutual Ins. Co.	V. P. Claims	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		payroll deduction of \$15

Full Name (Last, First, Middle Initial) <b>B. Mr. Edward Wetzel</b>		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bettendorf	IA	52722
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Iowa Mutual Ins. Co.	V. P. Claims	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		payroll deduction of \$15

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward Wetzel</b>		Date of Receipt
Mailing Address 4918 Norfolk Drive		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bettendorf	IA	52722
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Iowa Mutual Ins. Co.	V. P. Claims	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> 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 143 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19750**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19947**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19948**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 144 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4918 Norfolk Drive  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19949**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Ms Lisa Wharton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Birghton St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19552**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Ms Lisa Wharton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Birghton St  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19618**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 145 OF 156
<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. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EPMO
---------------------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19684**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EPMO
---------------------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19751**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EPMO
---------------------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19950**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 146 OF 156
	<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. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Birghton St

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 13 / 2013**  
Transaction ID : **SA11AI.19951**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

**B. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Birghton St

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 27 / 2013**  
Transaction ID : **SA11AI.19952**

Amount of Each Receipt this Period **15.00**  
payroll deduction of \$15

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

Mailing Address 5519 Medallion Drive W.

City Westerville State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **07 / 05 / 2013**  
Transaction ID : **SA11AI.19953**

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

**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 147 OF 156  
(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. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19619**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**B. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 02 / 2013  
**Transaction ID : SA11AI.19685**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**C. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19752**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

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

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

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

FOR LINE NUMBER: PAGE 148 OF 156  
(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. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19953**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**B. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19954**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

**C. Charles A. Wickert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5519 Medallion Drive W.  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19955**  
 Amount of Each Receipt this Period 30.00  
 payroll deduction of \$30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 43074
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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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2013

**Transaction ID : SA11AI.19554**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2013

**Transaction ID : SA11AI.19620**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 14924 S. R. 35, E.

City Sunbury	State OH	Zip Code 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2013

**Transaction ID : SA11AI.19686**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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 150 OF 156  
(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. Charles A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 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 ▼ 255.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : SA11AI.19753**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Charles A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 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 ▼ 270.00

Date of Receipt 08 / 30 / 2013  
**Transaction ID : SA11AI.19956**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Charles A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 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 ▼ 285.00

Date of Receipt 09 / 13 / 2013  
**Transaction ID : SA11AI.19957**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$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 151 OF 156  
(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. Charles A. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14924 S. R. 35, E.  
 City Sunbury State OH Zip Code 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 ▼ 300.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11AI.19958**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**B. Michael L. Wiseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Timberknoll Loop  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 05 / 2013  
**Transaction ID : SA11AI.19555**  
 Amount of Each Receipt this Period 35.00  
 payroll deduction of \$35

**C. Michael L. Wiseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Timberknoll Loop  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 19 / 2013  
**Transaction ID : SA11AI.19621**  
 Amount of Each Receipt this Period 35.00  
 payroll deduction of \$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: (check only one)	PAGE 152 OF 156
	<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. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

**Transaction ID : SA11AI.19687**

Amount of Each Receipt this Period  

35.00
-------

 payroll deduction of \$35

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

Mailing Address 90 Timberknoll Loop

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

**Transaction ID : SA11AI.19754**

Amount of Each Receipt this Period  

35.00
-------

 payroll deduction of \$35

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

Mailing Address 90 Timberknoll Loop

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.19959**

Amount of Each Receipt this Period  

35.00
-------

 payroll deduction of \$35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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 153 OF 156  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt  
**09 / 13 / 2013**  
**Transaction ID : SA11AI.19960**

Amount of Each Receipt this Period  
**35.00**  
 payroll deduction of \$35

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**09 / 27 / 2013**  
**Transaction ID : SA11AI.19961**

Amount of Each Receipt this Period  
**35.00**  
 payroll deduction of \$35

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>11420.70</b>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Portman for Senate**

Mailing Address 211 South Fifth St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

011

Candidate Name

**Portman for Senate**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

**Transaction ID : SB23.19981**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

011

Candidate Name

**TIBERI FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

**Transaction ID : SB23.19980**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

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

2000.00
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2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Mingo**

Mailing Address 12364 Thoroughbred Drive

City Pickerington State OH Zip Code 43147

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : SB29.19979**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect John Patrick Carney**

Mailing Address 357 East Torrence Road

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 09 / 2013

**Transaction ID : SB29.19976**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Committee for Jim Hughes**

Mailing Address 14 East Gay Street  
2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 29 / 2013

**Transaction ID : SB29.19975**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Ohio Republican Party

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

Transaction ID : SB29.19978

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

1500.00
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4000.00
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