

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	813.18									
(c) Total Receipts (from Line 19)	1509.60	33759.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2322.78	47702.78								
7. Total Disbursements (from Line 31)	250.00	45630.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2072.78	2072.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1487.60	19431.70
(ii) Unitemized	22.00	14327.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1509.60	33759.50
(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)	1509.60	33759.50
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1509.60	33759.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1509.60	33759.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	80.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	80.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	250.00	38550.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	250.00	45630.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250.00	45630.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1509.60	33759.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1509.60	33759.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	80.00
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	80.00

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

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14129
 Amount of Each Receipt this Period 30.00
 Payroll deduction bi-weekly \$30

B. Full Name (Last, First, Middle Initial)
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 Motorist Mutual Ins. Co. Occupation Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14130
 Amount of Each Receipt this Period 25.00
 Payroll deduction bi-weekly \$25

C. Full Name (Last, First, Middle Initial)
John J. Bishop
 Mailing Address 1390 Picardae Court
 City State Zip Code
Powell OH 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 ▼ 1600.00
 Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14131
 Amount of Each Receipt this Period 80.00
 Payroll deduction bi-weekly \$80

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14113

Amount of Each Receipt this Period 20.00

Payroll deduction bi-weekly \$20

B. Full Name (Last, First, Middle Initial)
William P. Brestle

Mailing Address 3979 Chancellor Drive

City Grove city State OH Zip Code 43123

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 MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14132

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

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

Mailing Address 5300 State Route 203

City Radnor State OH Zip Code 43066

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14114

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) 50.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tom Brock	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 665 Woodduck Ct.	Transaction ID: SA11AI.14133
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins Co Occupation Asst. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Duane L. Cable	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 6984 Linbrook Blvd.	Transaction ID: SA11AI.14134
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.14135
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14136
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

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

Mailing Address 7042 Tralee Drive

City Dublin State OH Zip Code 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14137
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

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

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Insurance Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14115
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2010
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14138
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

B.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2010
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14139
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2010
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14140
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 15.00
			Payroll deduction bi-weekly \$15

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

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

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

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

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

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

A.

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

Mailing Address 5922 Coventry Lake Drive

City State Zip Code
Hilliard OH 43026

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

Name of Employer Occupation
Motorists Mutual Ins. Com- Vice President
pany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.14141

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

B.

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Motorists Mutual Insurance Director
Co.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1152.00

Date of Receipt

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

Transaction ID: SA11AI.14125

Amount of Each Receipt this Period

57.60

Payroll deduction bi-weekly \$57.60

C.

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

Mailing Address 3123 Summit Street

City State Zip Code
Columbus OH 43202

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

Name of Employer Occupation
Motorists Mutual Insurance Asst VP
Co.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14142

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional)

97.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.14144
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deductions bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.14145
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dino Guanciale	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 4819 St. Andrews Circle	Transaction ID: SA11AI.14146
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: SA11AI.14147

Amount of Each Receipt this Period
25.00

Payroll deduction bi-weekly \$25

B.

Full Name (Last, First, Middle Initial)
Marc S. Hall

Mailing Address 5999 Lane Road

City State Zip Code
Centerburg OH 43011

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: SA11AI.14148

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$15

C.

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

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: SA11AI.14149

Amount of Each Receipt this Period
15.00

Payroll deduction bi-weekly \$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 14 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.14119

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

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

Mailing Address 9725 Wagonwood Drive

City State Zip Code
Pickerington OH 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.14150

Amount of Each Receipt this Period 15.00

Payroll deduction bi-weekly \$15

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

Mailing Address 1409 Snowmass Road

City State Zip Code
Columbus OH 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.14151

Amount of Each Receipt this Period 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 55.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

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

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

A.

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

Mailing Address 4556 Dirham Court

City State Zip Code
Hilliard OH 43026

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

Name of Employer Occupation
Motorists Mutual Ins. Com- Assist. V. P.
pany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14153

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
Motorists Mutual Ins Comp- Assist. V. P.
any

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14154

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.14120

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Worthington	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14155
Name of Employer Motorists Mutual Ins Co		Occupation Executive VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 30.00
			Payroll deduction bi-weekly \$30

B.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Johnstown	OH	43031
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14156
Name of Employer Motorists Mutual Ins. Co.		Occupation VP and CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 20.00
			Payroll deduction bi-weekly \$20

C.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14157
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 25.00
			Payroll deduction bi-weekly \$25

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
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 Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14158
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
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 Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14159
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

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

Mailing Address 728 South 29th Street

City State Zip Code
Manitowoc WI 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 10 / 01 / 2010
Transaction ID: SA11AI.14121
Amount of Each Receipt this Period 20.00
Payroll deduction bi-weekly \$20

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.14118
	City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.14161
	City Westerville State OH Zip Code 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Todd A. Long	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1002 Loch Ness Avenue	Transaction ID: SA11AI.14162
	City Worthington State OH Zip Code 43285	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 19 / 29

(check only one)

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

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

A.

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

Mailing Address 535 Brule Road #14

City State Zip Code
DePere WI 54115

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14122

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.14183

Amount of Each Receipt this Period

25.00

Payroll deduction bi-weekly \$25

C.

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: SA11AI.14126

Amount of Each Receipt this Period

45.00

Payroll deduction bi-weekly \$45

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 20 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark J. Nixon	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 662 East Fifth Avenue	Transaction ID: SA11AI.14163
	City State Zip Code Lancaster OH 43130	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Insurance Company Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.14127
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$50
	Name of Employer retired from MIG Occupation MIG Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.14164
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City State Zip Code
Plymouth MN 55446

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

Name of Employer Occupation
American Hardware Mutual V. P. Underwriting
Ins.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14184

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Ins. Com- Assist. V. P.
pany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14167

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

C.

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

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.14116

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City State Zip Code
Grove City OH 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14168
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

B. Full Name (Last, First, Middle Initial)
Paul J. Richards
Mailing Address 4732 Golf Village Drive
City State Zip Code
Powell OH 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 10 / 01 / 2010
Transaction ID: SA11AI.14169
Amount of Each Receipt this Period 15.00
Payroll deduction bi-weekly \$15

C. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz
Mailing Address 1026 Loch Ness Avenue
City State Zip Code
Worthington OH 43085
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation VP Planning Prod & Svs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 01 / 2010
Transaction ID: SA11AI.14170
Amount of Each Receipt this Period 25.00
Payroll deduction bi-weekly \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1116 Sommer Drive		Transaction ID: SA11AI.14123
	City State Zip Code Sheboygan WI 53081	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
	Name of Employer Occupation Wilson Mutual Ins. Co. V. P. Underwriting	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11AI.14171
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$25	
	Name of Employer Occupation Motorists Mutual Insurance Company Vice President	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 734 Prairie Run Dr.		Transaction ID: SA11AI.14172
	City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C	Payroll deduction bi-weekly \$15	
	Name of Employer Occupation Motorists Mutual Ins Co. Assistant VP	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 24 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert 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 Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: SA11AI.14128
Amount of Each Receipt this Period: 55.00
Payroll deduction bi-weekly \$55

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

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Ins. Company Occupation VP MAX Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: SA11AI.14173
Amount of Each Receipt this Period: 15.00
Payroll deduction bi-weekly \$15

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: SA11AI.14174
Amount of Each Receipt this Period: 25.00
Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14175

Amount of Each Receipt this Period: 25.00

Payroll deduction bi-weekly \$25

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

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14176

Amount of Each Receipt this Period: 15.00

Payroll deduction bi-weekly \$15

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

Mailing Address 2060 Maxwell Avenue

City State Zip Code
Lewis Center OH 43035

FEC ID number of contributing federal political committee. C

Name of Employer: Motorists Mutual Ins. Com-pany
Occupation: Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
10 / 01 / 2010

Transaction ID: SA11AI.14177

Amount of Each Receipt this Period: 25.00

Payroll deduction bi-weekly \$25

SUBTOTAL of Receipts This Page (optional) 65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **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 / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14178

Amount of Each Receipt this Period

15.00

Payroll deduction bi-weekly \$15

B.

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

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.14179

Amount of Each Receipt this Period

20.00

Payroll deduction bi-weekly \$20

C.

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

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

Transaction ID: SA11AI.14124

Amount of Each Receipt this Period

40.00

Payroll deduction bi-weekly \$40

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 27 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14117
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 15.00
		Payroll deduction bi-weekly \$15	

B.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14180
Name of Employer Motorists Mutual Ins. Co.		Occupation Sr. VP Life Ops & Corp. Svs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 30.00
		Payroll deduction bi-weekly \$30	

C.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14181
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 15.00
		Payroll deduction bi-weekly \$15	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt																					
	Mailing Address 90 Timberknoll Loop		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	1		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.14182																				
	Powell	OH	43065	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	35.00																					
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer	Payroll deduction bi-weekly \$35																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	700.00																					

SUBTOTAL of Receipts This Page (optional)	35.00
TOTAL This Period (last page this line number only)	1487.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

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

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

A.

Full Name (Last, First, Middle Initial)
NHADIC PAC

Transaction ID: SB29.14190
Date of Disbursement

Mailing Address 4 Boutin St.

^M 1	^M 0	/	^D 1	^D 2	/	^Y 2	^Y 0	^Y 1	^Y 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code
Concord NH 03301

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

250.00
