10/14/2010 09:13

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 OH Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 10 14 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/29

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND D D 1.0 1 0 0 1 2010 13 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 13943.28 January 1 (b) Cash on Hand at 813.18 Begining of Reporting Period ..... 1509.60 33759.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2322.78 47702.78 6(a) and 6(c) for Column B) ..... 250.00 45630.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2072.78 2072.78 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00

the committee (Itemize all on Schedule C and/or Schedule D) .....

10. Debts and Obligations owed

Schedule C and/or Schedule D) .....

0.00

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period:

From:

01

2 0 1 0

то.

м м 1 0 <sup>D</sup> 13

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) 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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1509.60	33759.50
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
0. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1509.60	33759.50
. Total Federal Receipts (subtract Line 18(c) from Line 19)	1509.60	33759.50

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	00.00
	Expenditures	0.00	80.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	80.00
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	7000.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
<i>,</i> .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
3.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
-	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00
	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
9.	Other Disbursements	250.00	38550.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	250.00	45630.00
	20, 27, 20, 20, 27, 20(a), 20 and 30(b))		10000100
2.	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
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

FE6AN026

SCHEDULE A (I		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one)    X
Any information copied fror for commercial purpose NAME OF COMMITT	es, other than using the name	ents may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MU	TUAL INSURANCE COMP	PANY CIVIC FUND	
Full Name (Last, First	. ,		Date of Receipt
Mailing Address 56  City	58 Tynecastle Loop	State Zip Code	10 / 01 / 2010
Dublin		OH 43016	Transaction ID: SA11AI.14129  Amount of Each Receipt this Period
FEC ID number of co	ntributing		30.00
Name of Employer Motorists Mutual Ins.	Co. Oc	cupation  Personal Lines	Payroll deduction bi-week- ly \$30
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 600.00	
Full Name (Last, First David R. Benseler	, Middle Initial)		Date of Receipt
Mailing Address 27	46 Sandhurst Dr.		10 01 7 9 9 9
City		State Zip Code	Transaction ID: SA11AI.14130
Lewis Center FEC ID number of co	ntributing	DH 43035	Amount of Each Receipt this Period 25.00
federal political comm	ittee.		Payroll deduction bi-week-
Name of Employer Motorist Mutual Ins. (	`^	cupation sistant VP	ly \$25
Receipt For:	1 -	gregate Year-to-Date ▼	
Other (specify)	General ▼	500.00	
Full Name (Last, First John J. Bishop	, Middle Initial)		Date of Receipt
Mailing Address 13	90 Picardae Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: SA11AI.14131
Powell		DH 43065	Amount of Each Receipt this Period
FEC ID number of co federal political comm	ntributing ittee.		80.00
Name of Employer Motorists Mutual Insu Co.	rance Ch	cupation nairman, President and CEO	Payroll deduction bi-week- ly \$80
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipt	This Page (optional)		135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street  City Calamus  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:	State Zip Code IA 52729  C  Occupation V. P. Info Tech.  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / 2010  Transaction ID: SA11AI.14113  Amount of Each Receipt this Period  20.00  Payroll deduction bi-week-ly \$20
Primary General Other (specify)  Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Driv	400.00	Date of Receipt
City  Grove city  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OH 43123  C  Occupation Assist. V. P.  Aggregate Year-to-Date  300.00	Transaction ID: SA11AI.14132  Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 5300 State Route 20  City Radnor  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	3  State Zip Code OH 43066  C  Occupation Assistant V. P.  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		50.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Brock  Mailing Address 665 Woodduck Ct.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co  Receipt For: Primary General Other (specify)	State Zip Code OH 43215  C  Occupation Asst. VP  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Duane L. Cable  Mailing Address 6984 Linbrook Blvd.  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43235  C  Occupation Assist. V. P.  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Thomas D. Campana  Mailing Address 6436 Meadow Glen N  City Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082  C  Occupation Assist. V. P.  Aggregate Year-to-Date  300.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional) .	······	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Mr. Grady Campbell  Mailing Address 5760 Whispering Trail		Date of Receipt
		10 01 2010
City Galena	State Zip Code OH 43021	Transaction ID: SA11AI.14136  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	Payroll deduction bi-week- ly \$25
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y Y Y 1 0 1 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.14137
Dublin	OH 43017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	Payroll deduction bi-week- ly \$25
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street (	Ot.	10 01 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.14115
Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period 25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation President	Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen M. Cooper  Mailing Address 10544 Smoke Road, S  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C Occupation Assist. V. P. Aggregate Year-to-Date  300.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Camille Craig  Mailing Address 4282 Hunts Drive  City  Gahanna  FEC ID number of contributing federal political committee.  Name of Employer Motorists Life Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43230  C  Occupation Assistant Vice President Life Adm.  Aggregate Year-to-Date   300.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes  Mailing Address 53 Nottingham Road  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code OH 43214  C  Occupation Assist. V. P.  Aggregate Year-to-Date  300.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.14140  Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-ly \$15
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 29   (check only one)     X
Any information copied from su	uch Reports and Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (I			
Full Name (Last, First, Mido Douglas L. Dodson	dle Initial)		Date of Receipt
Mailing Address 5922 C	oventry Lake Drive		10 01 2010
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.14141  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction bi-week- ly \$25
Receipt For:	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Mr. Larry L. Forrester	dle Initial)		Date of Receipt
Mailing Address 7542 E.	ast Rush Ridge Road		10 01 YYYYY
City Bloomington	State IN	Zip Code 47401	Transaction ID: SA11AI.14125  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.		77701	57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	n	Payroll deduction bi-week- ly \$57.60
Receipt For:	Aggregate	e Year-to-Date ▼ 1152.00	
Full Name (Last, First, Mido Joseph P Fullenkamp	dle Initial)		Date of Receipt
Mailing Address 3123 S	ummit Street		10 01 2010
City Columbus	State OH	Zip Code 43202	Transaction ID: SA11AI.14142  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		40202	15.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	n	Payroll deduction bi-week- ly \$15
Receipt For:  Primary Ger  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This	I		97.60

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any per te name and address of any political committee COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons  Mailing Address 14 Burreed Court  City Pataskala  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062  C  Occupation Assist. V. P. Personal Lines Adm.  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenue, I  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation VP Marketing  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dino Guanciale  Mailing Address 4819 St. Andrews Cir  City  Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins Co.  Receipt For:  Primary General Other (specify)	Cle  State Zip Code OH 43082  C  Occupation Asst. VP  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M   M   D   D   2 0 1 0
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	- COMITAIN	OING TONE	Date of Receipt
	Mailing Address 7494 Heffley Court  City	State	Zip Code	Transaction ID: SA11AI.14147
	Canal Winchester  FEC ID number of contributing federal political committee.	OH C	43110	Amount of Each Receipt this Period  25.00
	Name of Employer The Motorists Insurance Group Receipt For:  Primary  Other (specify) ▼	<del> </del>	on nd Asst. Secretary e Year-to-Date ▼  500.00	Payroll deduction bi-week- ly \$25
3.	Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road			Date of Receipt  1 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14148
	Centerburg  FEC ID number of contributing federal political committee.	ОН	43011	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	/. P.	Payroll deduction bi-week- ly \$15
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
	Mailing Address 813 East College Ave	enue		10 01 YYYY 2010
	City Westerville	State OH	Zip Code 43081	Transaction ID: SA11AI.14149
	FEC ID number of contributing federal political committee.	C	45001	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	/. P.	Payroll deduction bi-week- ly \$15
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional)			55.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	E COMPANY	CIVIC FUND	
۷.	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washing	gton Drive		10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.14119
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction bi-week- ly \$15
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
	Mailing Address 9725 Wagonwood D	rive		10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.14150
	Pickerington	OH	43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	-, '	/. P., Claims	Payroll deduction bi-week- ly \$15
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Roa	ad		10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.14151
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany		Financial Operations	Payroll deduction bi-week- ly \$25
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Jeffrey O. Hoover		Date of Receipt
Mailing Address 4556 Dirham Court	State Zip Code	10 0 1 2 0 1 0 1 2 0 1 0 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City <u>H</u> illiard	OH 43026	Transaction ID: SA11AI.14153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$15
pany Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
Mailing Address 6401 Possmore Lane		10 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.14154
Canal Winchester	OH 43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00  Payroll deduction bi-week-
Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	ly \$15
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial)  Mrs. Tami Jones-Fahser		Date of Receipt
Mailing Address 5729 Superior Avenue		10 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.14120
Sheboygan  FEC ID number of contributing federal political committee.	WI 53083	Amount of Each Receipt this Period  25.00
Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		55.00
TOTAL This Period (last page this line number of	·	

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/29   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
Mailing Address 7925 Greenside Land	e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.14155
FEC ID number of contributing federal political committee.	C	43233	Amount of Each Receipt this Period  30.00
Name of Employer Motorists Mutual Ins Co	Occupatio Executive		Payroll deduction bi-week- ly \$30
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.14156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Motorists Mutual Ins. Co.	Occupatio VP and (		Payroll deduction bi-week- ly \$20
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dublin	State OH	Zip Code	Transaction ID: SA11AI.14157
FEC ID number of contributing federal political committee.	C	43016	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres	sident	Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persongle name and address of any political committee to	
Full Name (Last, First, Middle Initial)  Teresa M. King  Mailing Address 1139 Tidewater Court  City  Westerville  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Jeff Kirkey  Mailing Address 1749 Pinecone Court  City  Lewis Center  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Co.  Receipt For:  Primary General  Other (specify)	State Zip Code OH 43035  C  Occupation Assist. V. P., Claims Aggregate Year-to-Date  300.00	Date of Receipt  M M J D D J 2010  Transaction ID: SA11Al.14159  Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-ly \$15
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Wilson Mutual Ins. Co.  Receipt For: Primary General Other (specify)	State Zip Code WI 45220  C  Occupation V.P. Agency Operations  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		50.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial)  Mr. Todd Lawrence  Mailing Address 8447 Priestley Drive	OOWII 71111	OIVIO I GND	Date of Receipt
	City	State OH	Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.14118
	Reynoldsburg FEC ID number of contributing federal political committee.	С	43068	Amount of Each Receipt this Period  25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary  Other (specify) ▼	Occupation Assist. V		Payroll deduction bi-week- ly \$25
	Full Name (Last, First, Middle Initial)  Michael Lisi  Mailing Address 6740 Callaway Court			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.14161
	Westerville  FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	/. P.	ly \$15
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
	Mailing Address 1002 Loch Ness Aver	nue		10 01 2010
	City Worthington	State OH	Zip Code 43285	Transaction ID: SA11AI.14162
	FEC ID number of contributing federal political committee.	C	43203	Amount of Each Receipt this Period  15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	/. P.	Payroll deduction bi-week- ly \$15
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .		<b>1</b>	55.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one)    X   11a
A	for commercial purposes, other than using the	Statements may not be sold or used by any pename and address of any political committed.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		10 01 2010
	City DePere	State Zip Code WI 54115	Transaction ID: SA11AI.14122  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	Payroll deduction bi-week- ly \$15
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	1	Date of Receipt
	Mailing Address 7705 Ridgeview Way		10 01 2010
	City	State Zip Code MN 55317	Transaction ID: SA11AI.14183
	Chanhassen  FEC ID number of contributing federal political committee.	MN 55317	Amount of Each Receipt this Period  25.00
	Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP & Chief Operating Officer	Payroll deduction bi-week- ly \$25
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
	Mailing Address 2135 Hunters Ridge C	Court	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14126
	Manitowoc  FEC ID number of contributing federal political committee.	WI 54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation	Payroll deduction bi-week- ly \$45
	Receipt For:  Primary General  Other (specify) ▼	Director  Aggregate Year-to-Date ▼  900.00	
Γ,	SURTOTAL of Receipts This Page (optional)		85.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenuate City Lancaster FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	ue  State Zip Code OH 43130  C  Occupation Manager  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Thomas C. Ogg  Mailing Address 4612 Club Dr., Unit		Date of Receipt  1 0 0 1 2 0 1 0
City Port Charlotte  FEC ID number of contributing federal political committee.  Name of Employer retired from MIG  Receipt For: Primary General Other (specify)	State Zip Code FL 33953  C  Occupation MIG Director  Aggregate Year-to-Date   1000.00	Transaction ID: SA11AI.14127  Amount of Each Receipt this Period  50.00  Payroll deduction bi-week-ly \$50
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Stree  City Hilliard  FEC ID number of contributing federal political committee.	State Zip Code OH 43026	Date of Receipt  M M M / D D M 2010  Transaction ID: SA11AI.14164  Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins. Company Receipt For:  Primary General Other (specify) ▼	Occupation Assist. V. P.  Aggregate Year-to-Date ▼  300.00	Payroll deduction bi-week- ly \$15
SUBTOTAL of Receipts This Page (optional	)	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 21 / 29 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE (	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers  Mailing Address 15300 37th Avenue N Apt. B208  City Plymouth  FEC ID number of contributing federal political committee.	State MN	Zip Code 55446	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 2 0 1 0  Transaction ID: SA11AI.14184  Amount of Each Receipt this Period  15.00
Name of Employer American Hardware Mutual Ins. Receipt For:  Primary General Other (specify) ▼	. '	on derwriting e Year-to-Date ▼ 300.00	Payroll deduction bi-week- ly \$15
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupatio Assist. V Aggregate		Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street  City Eldridge  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For: Primary General Other (specify)		Zip Code 52748  In mmercial Lines E Year-to-Date ▼ 300.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 0 1 2 0 1 0  Transaction ID: SA11Al.14116  Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-ly \$15
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt
Mailing Address 3178 Ranke Court			M M / D D / Y Y Y Y Y Y 1 1 0 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.14168
Grove City  FEC ID number of contributing federal political committee.	OH C	43123	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	1	Payroll deduction bi-week- ly \$15
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Paul J. Richards			Date of Receipt
Mailing Address 4732 Golf Village D	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.14169  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction bi-week- ly \$15
pany Receipt For: Primary General Other (specify) ▼	1 '	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Av	renue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Worthington	State OH	Zip Code	Transaction ID: SA11AI.14170
FEC ID number of contributing federal political committee.	C	43085	Amount of Each Receipt this Period  25.00
Name of Employer Motorists Mutual Ins. Com- pany		ning Prod & Svs	Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		55.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>5</b> A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/29   (check only one)     X
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	NCE COMPANY (	CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt
Mailing Address 1116 Sommer Dr	ive		1 0 0 1 2 0 1 0
City Sheboygan	State WI	Zip Code 53081	Transaction ID: SA11AI.14123  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33301	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Und		Payroll deduction bi-week- ly \$15
Receipt For: Primary General Other (specify)		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Karen L. Schwartz	I		Date of Receipt
Mailing Address 1252 Pond Hollov	v Lane		1 0 0 1 Y Y Y Y Y
City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.14171  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000	25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt
Mailing Address 734 Prairie Run I	Or.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sunbury	State OH	Zip Code 43074	Transaction ID: SA11AI.14172
FEC ID number of contributing federal political committee.	C	43074	Amount of Each Receipt this Period  15.00
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant		Payroll deduction bi-week- ly \$15
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option			55.00

SCHEDULE A (FECI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 29 (check only one)    X   11a
or for commercial purposes, other	er than using the name and ac	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In MOTORISTS MUTUAL I	•	CIVIC FUND	
Full Name (Last, First, Middle Mr. Robert C. Smith			Date of Receipt
Mailing Address 29270 Ha		7:n Codo	10 01 2010
City Westlake	State OH	Zip Code 44145	Transaction ID: SA11AI.14128  Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.			55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	on	Payroll deduction bi-week- ly \$55
Receipt For:  Primary Gene  Other (specify) ▼		e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Ralph W. Smithers, Jr.  Mailing Address 6418 Sur			Date of Receipt
- Walling Address 0410 Sul	IIIIIeis Nook Diive		10 01 2010
City	State	Zip Code	Transaction ID: SA11AI.14173
New Albany	OH	43054	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		15.00  Payroll deduction bi-week-
Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX	on C Service	ly \$15
Receipt For:		e Year-to-Date ▼	
Primary Gene Other (specify) ▼	rai	300.00	
Full Name (Last, First, Middle Charles D. Stapleton	! Initial)		Date of Receipt
Mailing Address 6900 Kin	dler Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.14174
New Albany	OH	43054	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Co.		CL & Affiliate Operations	Payroll deduction bi-week-ly \$25
Receipt For: Primary Gene		e Year-to-Date ▼	
Other (specify)		500.00	
SUBTOTAL of Receipts This P	age (optional)	<b>1</b>	95.00
TOTAL This Period (last page t			

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 29 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  Tamera A. Stephens  Mailing Address 8816 Cooks Hill Roa	d	Date of Receipt
City	State Zip Code	1 0 0 1 2 0 1 0 Transaction ID: SA11AI.14175
Glenford  FEC ID number of contributing	OH 43739	Amount of Each Receipt this Period
federal political committee.	C	25.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice President  Aggregate Year-to-Date   500.00	Payroll deduction bi-week- ly \$25
Full Name (Last, First, Middle Initial) Mr. Van Stewart Mailing Address 7703 Timber Ridge I	Privo	Date of Receipt
		10 01 2010
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.14176
FEC ID number of contributing federal political committee.	C 43003	Amount of Each Receipt this Period
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction bi-week- ly \$15
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
Mailing Address 2060 Maxwell Avenu	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lewis Center	State Zip Code OH 43035	Transaction ID: SA11AI.14177  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 43033	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction bi-week- ly \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	,	65.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the Contect only only
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used a name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
<u>/</u>	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson		Date of Receipt
	Mailing Address 5444 Spring Hill Road		10 01 2010
	City Grove City	State Zip Code OH 43123	Transaction ID: SA11AI.14178  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	Payroll deduction bi-week- ly \$15
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	300.00
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		10 01 2010
	City	State Zip Code	Transaction ID: SA11AI.14179
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Payroll deduction bi-week-
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	ly \$20
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	400.00
	Full Name (Last, First, Middle Initial) Mr. Robert L. Western	l .	Date of Receipt
	Mailing Address 5203 South 8th Street		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State Zip Code	Transaction ID: SA11AI.14124
	Sheboygan FEC ID number of contributing federal political committee.	WI 53081	Amount of Each Receipt this Period 40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	Payroll deduction bi-week- ly \$40
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	800.00
	UBTOTAL of Receipts This Page (optional) .	1	75.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 29 (check only one)    X
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE C	for the purpose of soliciting contributions		
A. Mi	all Name (Last, First, Middle Initial) r. Edward Wetzel ailing Address 4918 Norfolk Drive  ty ettendorf EC ID number of contributing deral political committee.  ame of Employer wa Mutual Ins. Co. eceipt For: Primary General Other (specify)	State IA  C Occupation V. P. Clai Aggregate		Date of Receipt    M M
FE FE	Ill Name (Last, First, Middle Initial) harles A. Wickert ailing Address 5519 Medallion Drive V  ty  /esterville  EC ID number of contributing deral political committee.  ame of Employer otorists Mutual Ins. Co.  ecceipt For: Primary General Other (specify) ▼	State OH C Occupation Sr. VP Lit	Zip Code 43082  In fe Ops & Corp. Svs Year-to-Date ▼  600.00	Date of Receipt    M M M
FE Fer No.	all Name (Last, First, Middle Initial) narles A. Williams ailing Address 14924 S. R. 35, E.  ty unbury  EC ID number of contributing deral political committee.  ame of Employer otorists Mutual Ins. Com- any ecceipt For: Primary General Other (specify)	State OH C Occupation Assist. V. Aggregate		Date of Receipt  M M M O 1 2010  Transaction ID: SA11AI.14181  Amount of Each Receipt this Period  15.00  Payroll deduction bi-week-ly \$15
SUB	TOTAL of Receipts This Page (optional)			60.00

A.

FOR LINE NUMBER: PAGE 28/29 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Date of Receipt Michael L. Wiseman Mailing Address 90 Timberknoll Loop 10 0 1 2010 City State Zip Code Transaction ID: SA11AI.14182 Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing 35.00 C federal political committee. Payroll deduction bi-week-ly \$35 Name of Employer Motorists Mutual Insurance Occupation Treasurer Company Receipt For: Aggregate Year-to-Date Primary General 700.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	35.00
TOTAL This Period (last page this line number only)	<b>•</b>	1487.60

A.

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 29/29						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	17102 20720						
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 27 28a 28b	24 25 26 28c X 29 30b						
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 COM	PANY CIVIC FUND								
Full Name (Last, First, Middle Initial) NHADIC PAC  Mailing Address 4 Boutin St.		Date of Disbur							
Concord	State Zip Code NH 03301	Amount of Eac	h Disbursement this Period 250.00						
Purpose of Disbursement Contribution		011	250.00						
Candidate Name	C	Category/ Type							
Office Sought: House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼								
State: District:									

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	250.00