

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman

Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 10 06 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		7307.14
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	9398.70									
(c) Total Receipts (from Line 19)	9268.86	32187.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18667.56	39494.56								
7. Total Disbursements (from Line 31)	11452.53	32279.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7215.03	7215.03								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	8890.60	18749.00
(i) Itemized (use Schedule A)	372.00	13422.00
(ii) Unitemized	9262.60	32171.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9262.60	32171.00
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.)	6.26	16.42
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))	9268.86	32187.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9268.86	32187.42

DETAILED SUMMARY PAGE

of Disbursements

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.....	13.50	40.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13.50	40.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	7000.00
24. Independent Expenditure (use Schedule E)	39.03	39.03
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.....	9400.00	25200.00
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))..	11452.53	32279.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11452.53	32279.53

DETAILED SUMMARY PAGE
of Disbursements

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	9262.60	32171.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9262.60	32171.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13.50	40.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13.50	40.50

**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 6 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9524
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	<input type="text" value="30.00"/>
			Payroll deduction of \$30 per pay

B.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9598
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	<input type="text" value="30.00"/>
			Payroll deduction of \$30 per pay

C.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9682
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	<input type="text" value="30.00"/>
			Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt MM / DD / YYYY
08 / 22 / 2008
Transaction ID: SA11AI.9757
 Amount of Each Receipt this Period 30.00
 Payroll deduction of \$30 per pay

B. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00
 Date of Receipt MM / DD / YYYY
09 / 05 / 2008
Transaction ID: SA11AI.9836
 Amount of Each Receipt this Period 30.00
 Payroll deduction of \$30 per pay

C. Full Name (Last, First, Middle Initial)
Michael J. Agan
 Mailing Address 5658 Tynecastle Loop
 City State Zip Code
Dublin OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP Life Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00
 Date of Receipt MM / DD / YYYY
09 / 19 / 2008
Transaction ID: SA11AI.9918
 Amount of Each Receipt this Period 30.00
 Payroll deduction of \$30 per pay

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John 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 ▼ 1120.00
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9525
 Amount of Each Receipt this Period 80.00
 Payroll deduction of \$80 per pay

B. 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 ▼ 1200.00
 Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9599
 Amount of Each Receipt this Period 80.00
 Payroll deduction of \$80 per pay

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 ▼ 1280.00
 Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9683
 Amount of Each Receipt this Period 80.00
 Payroll deduction of \$80 per pay

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1390 Picardae Court	Transaction ID: SA11AI.9758
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$80 per pay
	Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00

B.	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1390 Picardae Court	Transaction ID: SA11AI.9837
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$80 per pay
	Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00

C.	Full Name (Last, First, Middle Initial) John J. Bishop	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 1390 Picardae Court	Transaction ID: SA11AI.9919
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$80 per pay
	Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address S86 W33540 Short Drive

City State Zip Code
Mukwonago WI 53149-9306

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

Name of Employer Occupation
Iowa Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9742

Amount of Each Receipt this Period
125.00

Payroll deduction of \$125 per quarters

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.9510

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.9584

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 140
(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. 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 ▼ 320.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9667
Amount of Each Receipt this Period: 20.00
Payroll deduction of \$20 per pay

B. 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 ▼ 340.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9744
Amount of Each Receipt this Period: 20.00
Payroll deduction of \$20 per pay

C. 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 ▼ 360.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9823
Amount of Each Receipt this Period: 20.00
Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 1831 265th Street	Transaction ID: SA11AI.9905
	City State Zip Code Calamus IA 52729	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
	Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Info Tech.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.9526
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Occupation Motorists Mutual Ins. Company Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.9600
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Occupation Motorists Mutual Ins. Company Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 13 / 140
(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)
William P. Brestle

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 43123

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) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9684

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 43123

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) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9759

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 43123

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) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9838

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ►

45.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 140
(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)
William P. Brestle

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 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 ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9920

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 5300 State Route 203

City State Zip Code
Radnor OH 43066

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.9527

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 5300 State Route 203

City State Zip Code
Radnor OH 43066

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.9601

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 140
(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. 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 ▼ 240.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.9685

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. 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 ▼ 255.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.9760

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 ▼ 270.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.9839

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 140
(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. Jon A. Bright

Mailing Address 5300 State Route 203

City State Zip Code
Radnor OH 43066

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9921
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 6984 Linbrook Blvd.

City State Zip Code
Columbus OH 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.9528
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 6984 Linbrook Blvd.

City State Zip Code
Columbus OH 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9602
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 140
(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)
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9686
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.9761
 Amount of Each Receipt this Period 15.00
 Payroll deduction \$15 per pay

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.9840
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 140
(check only one)

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

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

A.

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

Mailing Address 6984 Linbrook Blvd.

City State Zip Code
Columbus OH 43235

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) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9924

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9529

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9603

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ►

45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.9687
	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 of \$15 per pay
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 ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.9762
	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 of \$15 per pay
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 ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 6436 Meadow Glen N	Transaction ID: SA11AI.9841
	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 of \$15 per pay
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 ▼ 270.00	

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 20 / 140
(check only one)

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

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

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9925

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

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

Name of Employer Motorists Mutual Ins. Co.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9530

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

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

Name of Employer Motorists Mutual Ins. Co.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9604

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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 21 / 140
(check only one)

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

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

A.

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B.

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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.9763

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C.

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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.9842

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 140
(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 State Zip Code
Galena OH 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9926

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9531

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9605

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 140
(check only one)

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

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

A.

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

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9691

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.9764

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.9843

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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 24 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2008
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.9927
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2008
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.9511
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Iowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2008
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.9585
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Iowa Mutual Insurance Company	Occupation Sr. V. P. Marketing/Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 140
(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. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.9668

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.9745

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.9824

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 140
(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. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Occupation
Iowa Mutual Insurance Company Sr. V. P. Marketing/Claims

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9906

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9532

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9607

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 27 / 140
	<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 <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 Pataskala OH 43062		<input type="text"/> 0 8 / <input type="text"/> 0 8 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9692
	Name of Employer Motorists Mutual Ins. Company		Amount of Each Receipt this Period
Occupation Assist. V. P.		<input type="text"/> 15.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll deduction of \$15 per pay	
Aggregate Year-to-Date ▼		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<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 Pataskala OH 43062		<input type="text"/> 0 8 / <input type="text"/> 2 2 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9765
	Name of Employer Motorists Mutual Ins. Company		Amount of Each Receipt this Period
Occupation Assist. V. P.		<input type="text"/> 15.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll deduction of \$15 per pay	
Aggregate Year-to-Date ▼		<input type="text"/> 255.00	

C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<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 Pataskala OH 43062		<input type="text"/> 0 9 / <input type="text"/> 0 5 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9844
	Name of Employer Motorists Mutual Ins. Company		Amount of Each Receipt this Period
Occupation Assist. V. P.		<input type="text"/> 15.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll deduction of \$15 per pay	
Aggregate Year-to-Date ▼		<input type="text"/> 270.00	

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 28 / 140
(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)
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11AI.9928

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 4282 Hunts Drive

City Gahanna State OH Zip Code 43230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.9533

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 4282 Hunts Drive

City Gahanna State OH Zip Code 43230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.9608

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 29 / 140
(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. Camille Craig

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9693

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.9766

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.9845

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 30 / 140
(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. Camille Craig
 Mailing Address 4282 Hunts Drive
 City State Zip Code
 Gahanna OH 43230
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 19 2008
Transaction ID: SA11AI.9929
 Amount of Each Receipt this Period
 15.00
 Payroll deduction of \$15 per pay
 Name of Employer Occupation
 Motorists Life Ins. Co. Assistant Vice President Life Adm.
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

B. Full Name (Last, First, Middle Initial)
Daniel L. Crawford
 Mailing Address 6323 Cook Road
 City State Zip Code
 Powell OH 43065
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 11 2008
Transaction ID: SA11AI.9534
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

C. Full Name (Last, First, Middle Initial)
Daniel L. Crawford
 Mailing Address 6323 Cook Road
 City State Zip Code
 Powell OH 43065
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 25 2008
Transaction ID: SA11AI.9609
 Amount of Each Receipt this Period
 25.00
 Payroll deduction of \$25 per pay
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 140
(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)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

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

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9694

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9767

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9846

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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 32 / 140
	<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) Daniel L. Crawford	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 6323 Cook Road	Transaction ID: SA11AI.9930
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.9535
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.9610
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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: (check only one)	PAGE 33 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Transaction ID: SA11AI.9695
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Transaction ID: SA11AI.9768
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Transaction ID: SA11AI.9847
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 140
(check only one)

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

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

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

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9931
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9536
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 15 / 2008
Transaction ID: SA11AI.9611
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 140
	<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		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9696
	Amount of Each Receipt this Period 25.00		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9769
	Amount of Each Receipt this Period 25.00		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9849
	Amount of Each Receipt this Period 25.00		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 5922 Coventry Lake Drive	Transaction ID: SA11AI.9932
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Michael D. Finch	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 8857 Chateau Drive	Transaction ID: SA11AI.9537
	City Pickerington State OH Zip Code 43147	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Michael D. Finch	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 8857 Chateau Drive	Transaction ID: SA11AI.9612
	City Pickerington State OH Zip Code 43147	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	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 ▼ 225.00	

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 37 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael D. Finch

Mailing Address 8857 Chateau Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9697

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Michael D. Finch

Mailing Address 8857 Chateau Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9770

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Michael D. Finch

Mailing Address 8857 Chateau Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9850

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 38 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael D. Finch

Mailing Address 8857 Chateau Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11AI.9933

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.9521

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 813.60

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.9595

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-60 per pay

SUBTOTAL of Receipts This Page (optional) ► 130.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 140
(check only one)

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

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

A.

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Motorists Mutual Insurance Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 871.20

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9677

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60 per pay

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 Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 928.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9754

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60 per pay

C.

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 Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 986.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9833

Amount of Each Receipt this Period

57.60

Payroll deduction of \$57.-
60 per pay

SUBTOTAL of Receipts This Page (optional) ▶

172.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 7542 East Rush Ridge Road	Transaction ID: SA11AI.9915
	City State Zip Code Bloomington IN 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$57.- 60 per pay
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1044.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.9539
	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 deduction of \$15 per pay
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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 14 Burreed Court	Transaction ID: SA11AI.9614
	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 deduction of \$15.- 00 per pay
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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	87.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 140

(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. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9699

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9772

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9852

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 14 Burreed Court		Transaction ID: SA11AI.9935
	City State Zip Code Pataskala OH 43062	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
	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 ▼ 285.00	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11AI.9540
	City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11AI.9615
	City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
	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 ▼ 225.00	Payroll deduction of \$15 per pay

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 43 / 140
(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)
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9700
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.9773
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.9853
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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 44 / 140
(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)
Shaun D. Gregoire

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9936
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 1025 8th Street

City DeWitt State IA Zip Code 52742

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

Name of Employer Iowa Mutual Ins. Co. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9512
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

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

Mailing Address 1025 8th Street

City DeWitt State IA Zip Code 52742

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

Name of Employer Iowa Mutual Ins. Co. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9586
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		<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
	DeWitt	IA	52742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9701
Name of Employer Iowa Mutual Ins. Co.		Occupation 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 ▼	<input type="text"/> 25.00
		<input type="text"/> 400.00	Payroll deduction of \$25 per pay

B.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		<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
	DeWitt	IA	52742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9774
Name of Employer Iowa Mutual Ins. Co.		Occupation 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 ▼	<input type="text"/> 25.00
		<input type="text"/> 425.00	Payroll deduction of \$25 per pay

C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack		Date of Receipt
	Mailing Address 1025 8th Street		<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
	DeWitt	IA	52742
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9854
Name of Employer Iowa Mutual Ins. Co.		Occupation 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 ▼	<input type="text"/> 25.00
		<input type="text"/> 450.00	Payroll deduction of \$25 per pay

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 46 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
 Mailing Address 1025 8th Street
 City DeWitt State IA Zip Code 52742
 Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9937
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 475.00

B. Full Name (Last, First, Middle Initial)
Marc S. Hall
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9541
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 210.00

C. Full Name (Last, First, Middle Initial)
Marc S. Hall
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9616
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

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 47 / 140
	<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) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9702
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9775
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="255.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9855
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

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

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

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

FOR LINE NUMBER: PAGE 48 / 140
(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)
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 Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9938

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.9542

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.9617

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<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	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9703
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 240.00	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<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	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9776
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 255.00	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<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	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9856
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 270.00	Payroll deduction of \$15 per pay

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 50 / 140
(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)
Paul T. Hammer

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
M M / D D / Y Y Y Y
09 19 2008

Transaction ID: SA11AI.9939

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M / D D / Y Y Y Y
07 11 2008

Transaction ID: SA11AI.9515

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y
07 25 2008

Transaction ID: SA11AI.9589

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 140

(check only one)

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

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

A.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9671

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9748

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9827

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 140
(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 ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9909

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. 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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9544

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9619

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 53 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.9705

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.9778

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.9858

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 140
(check only one)

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

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

A.

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9941
Amount of Each Receipt this Period 25.00
Payroll deduction of \$25 per pay

B.

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

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9545
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

C.

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

Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9620
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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 55 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9706
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9779
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9859
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period <input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	Payroll deduction of \$15 per pay

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt
	Mailing Address 4556 Dirham Court		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Com- pany		Occupation Assist. V. P.	Transaction ID: SA11AI.9942
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="285.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canal Winchester	OH	43110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Comp- any		Occupation Assist. V. P.	Transaction ID: SA11AI.9546
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canal Winchester	OH	43110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins Comp- any		Occupation Assist. V. P.	Transaction ID: SA11AI.9621
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.9707
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
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 ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.9780
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
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 ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.9860
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
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 ▼ 270.00	

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

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

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

FOR LINE NUMBER: PAGE 58 / 140
(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. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9943

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.9516

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.9590

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 59 / 140
(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. 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) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.9672

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. 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) ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.9749

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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) ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.9828

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

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

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

FOR LINE NUMBER: PAGE 60 / 140
(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. 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) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9910

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9547

Amount of Each Receipt this Period
30.00

Payroll deduction of \$30 per pay

C. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9622

Amount of Each Receipt this Period
30.00

Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional) ► 85.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 140

(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)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Sr. Vice President, CIO
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9708

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

B.

Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Sr. Vice President, CIO
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9781

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

C.

Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Sr. Vice President, CIO
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9861

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 140
(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)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Sr. Vice President, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9944

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

B. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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 ▼ 280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.9548

Amount of Each Receipt this Period 20.00

Payroll deduction of \$20 per pay

C. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.9623

Amount of Each Receipt this Period 20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 08 / 08 / 2008		
	Mailing Address 3910 Caswell Road		Transaction ID: SA11AI.9709		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
	Name of Employer Motorists Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

B.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 08 / 22 / 2008		
	Mailing Address 3910 Caswell Road		Transaction ID: SA11AI.9782		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
	Name of Employer Motorists Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

C.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 3910 Caswell Road		Transaction ID: SA11AI.9862		
	City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay		
	Name of Employer Motorists Mutual Insurance Company		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John C. Kessler	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 3910 Caswell Road	Transaction ID: SA11AI.9945
	City State Zip Code Johnstown OH 43031	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.9549
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.9624
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.9710
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.9783
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.9863
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 140
	<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) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Transaction ID: SA11AI.9946
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="475.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="25.00"/>
		Payroll deduction of \$25 per pay	

B.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Transaction ID: SA11AI.9550
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Transaction ID: SA11AI.9625
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.9711
	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 of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.9784
	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 of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.9864
	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 of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

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 68 / 140
(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 ▼ 285.00
 Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9947
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

B. 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 ▼ 280.00
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9517
 Amount of Each Receipt this Period 20.00
 Payroll deduction of \$20.-00

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 ▼ 300.00
 Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9591
 Amount of Each Receipt this Period 20.00
 Payroll deduction of \$20 per pay

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 69 / 140
(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. 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 Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9673
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

B. 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 Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9750
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

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 Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9829
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 140
(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. 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 Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9911

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

B.

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

Mailing Address 8447 Priestley Drive

City State Zip Code
Reynoldsburg OH 43068

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9553

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 8447 Priestley Drive

City State Zip Code
Reynoldsburg OH 43068

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9628

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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: PAGE 71 / 140
(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. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9715

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9787

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9867

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 140
	<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. Todd Lawrence	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.9950
	City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
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 ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.9554
	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 of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Michael Lisi	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 6740 Callaway Court	Transaction ID: SA11AI.9629
	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 of \$15 per pay
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 ▼ 225.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 / 140
<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) Michael Lisi		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 6740 Callaway Court		Transaction ID: SA11AI.9716
	City Westerville	State OH	Zip Code 43082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 6740 Callaway Court		Transaction ID: SA11AI.9788
	City Westerville	State OH	Zip Code 43082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 6740 Callaway Court		Transaction ID: SA11AI.9868
	City Westerville	State OH	Zip Code 43082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 140
	<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) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<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 09 / 19 / 2008
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9951
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 285.00	
		Amount of Each Receipt this Period	<input type="text"/> 15.00
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<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 07 / 11 / 2008
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9555
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 210.00	
		Amount of Each Receipt this Period	<input type="text"/> 15.00
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<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 07 / 25 / 2008
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9630
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 225.00	
		Amount of Each Receipt this Period	<input type="text"/> 15.00
		Payroll deduction of \$15 per pay	

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 75 / 140
(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)
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.9717

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.9789

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.9871

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 76 / 140
(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)
Todd A. Long

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9952

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

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 Wilson Mutual Ins. Co.
Occupation V.P. Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9518

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

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 Wilson Mutual Ins. Co.
Occupation V.P. Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9592

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 77 / 140
(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. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9674
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9751
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9830
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 535 Brule Road #14	Transaction ID: SA11AI.9912
	City State Zip Code DePere WI 54115	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Occupation Wilson Mutual Ins. Co. V.P. Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 7705 Ridgeview Way	Transaction ID: SA11AI.9577
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
	Name of Employer Occupation American Hardware Mutual Ins. Sr. VP & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 7705 Ridgeview Way	Transaction ID: SA11AI.9651
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
	Name of Employer Occupation American Hardware Mutual Ins. Sr. VP & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 140
(check only one)

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

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

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

A.

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

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.9739

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 22 / 2008

Transaction ID: SA11AI.9811

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.9892

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 140
(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. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9972
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.9578
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9652
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

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 81 / 140
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9740
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9812
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9893
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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 82 / 140

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City	State	Zip Code
Chanhassen	MN	55317

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

Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing
---	-------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.9973

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 2135 Hunters Ridge Court

City	State	Zip Code
Manitowoc	WI	54220

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00
---	------------------------------------

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.9522

Amount of Each Receipt this Period
45.00

Payroll deduction of \$45 per pay

C.

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

Mailing Address 2135 Hunters Ridge Court

City	State	Zip Code
Manitowoc	WI	54220

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00
---	------------------------------------

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.9596

Amount of Each Receipt this Period
45.00

Payroll deduction of \$45 per pay

SUBTOTAL of Receipts This Page (optional)

105.00

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 83 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9678

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9755

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9834

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 140
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9916

Amount of Each Receipt this Period
45.00

Payroll deduction of \$45 per pay

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

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9556

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9631

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 140
(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)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9718
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.9790
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 662 East Fifth Avenue

City Lancaster State OH Zip Code 43130

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

Name of Employer Motorists Mutual Insurance Company
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.9872
 Amount of Each Receipt this Period 15.00
 Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 140
	<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) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lancaster	OH	43130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9953
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	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" value="285.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 10167 Chelton Wood		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9557
Name of Employer Motorists Mutual Insurance Company		Occupation Secretary	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" value="700.00"/>	<input type="text" value="50.00"/>
			Payroll deduction of \$50 per pay

C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 10167 Chelton Wood		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9632
Name of Employer Motorists Mutual Insurance Company		Occupation Secretary	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" value="750.00"/>	<input type="text" value="50.00"/>
			Payroll deduction of \$50 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="115.00"/>
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 87 / 140
(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)
Thomas C. Ogg

Mailing Address 10167 Chelton Wood

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9719
 Amount of Each Receipt this Period: 50.00
 Payroll deduction of \$50 per pay

B. Full Name (Last, First, Middle Initial)
Thomas C. Ogg

Mailing Address 10167 Chelton Wood

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9791
 Amount of Each Receipt this Period: 50.00
 Payroll deduction of \$50 per pay

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

Mailing Address 10167 Chelton Wood

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9873
 Amount of Each Receipt this Period: 50.00
 Payroll deduction of \$50 per pay

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 140
	<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) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 10167 Chelton Wood	Transaction ID: SA11AI.9954
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.9558
	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 of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.9633
	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 of \$15 per pay
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 ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 140
	<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. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9720
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" value="15.00"/>
		<input type="text" value="240.00"/>	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9792
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" value="15.00"/>
		<input type="text" value="255.00"/>	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9874
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" value="15.00"/>
		<input type="text" value="270.00"/>	Payroll deduction of \$15 per pay

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hilliard	OH	43026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9955
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="285.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Plymouth	MN	55446
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hardware Mutual Ins.		Occupation V. P. Underwriting	Transaction ID: SA11AI.9579
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Plymouth	MN	55446
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hardware Mutual Ins.		Occupation V. P. Underwriting	Transaction ID: SA11AI.9653
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

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

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

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

FOR LINE NUMBER: PAGE 91 / 140
(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. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9741
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.9813
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.9894
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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 92 / 140
(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 Plymouth State MN Zip Code 55446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11AI.9974

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.9560

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.9635

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 93 / 140
(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)
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9722

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9794

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9876

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 94 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M <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 09 / 19 / 2008
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9957
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 ▼ 285.00	15.00
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<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 07 / 11 / 2008
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9513
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	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 ▼ 210.00	15.00
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<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 07 / 25 / 2008
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9587
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	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 ▼ 225.00	15.00
			Payroll deduction of \$15 per pay

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 95 / 140
(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)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9669

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9746

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9825

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

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 96 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Georgia Puls	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.9907
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Commercial Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.9561
	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 of \$15 per pay
	Name of Employer Occupation Motorists Mutual Ins. Company Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.9636
	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 of \$15 per pay
	Name of Employer Occupation Motorists Mutual Ins. Company Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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 97 / 140
(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)
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 ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9723

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.9795

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

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 ▼
270.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.9877

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 98 / 140
(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)
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 ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9958

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9562

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9637

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 99 / 140
(check only one)

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

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

A.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9724

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.9796

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.9878

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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

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

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

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

FOR LINE NUMBER: PAGE 100 / 140
(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)
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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9959

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Eugene Schneckloth

Mailing Address 334 Country Club Court
P. O. Box 46

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Ins. Co.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.9681

Amount of Each Receipt this Period
125.00

Payroll deduction of \$125 per quarter

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.9519

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

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

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

FOR LINE NUMBER: PAGE 101 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.9593

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9675

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.9752

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 102 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11AI.9831

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9913

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9563

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 103 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.9638
	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 of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.9725
	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 of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.9797
	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 of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lane		<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 09 / 05 / 2008
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9879
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 25.00
			Payroll deduction of \$25 per pay

B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lane		<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 09 / 19 / 2008
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9960
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 25.00
			Payroll deduction of \$25 per pay

C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Place		<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 07 / 11 / 2008
	City	State	Zip Code
	Westlake	OH	44145
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9523
Name of Employer Motorists Mutual Ins. Co.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.00	<input type="text"/> 55.00
			Payroll deduction of \$55 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.00
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 105 / 140
(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 ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9597

Amount of Each Receipt this Period
55.00

Payroll deduction of \$55 per pay

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2008

Transaction ID: SA11AI.9680

Amount of Each Receipt this Period
55.00

Payroll deduction of \$55 per pay

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2008

Transaction ID: SA11AI.9756

Amount of Each Receipt this Period
55.00

Payroll deduction of \$55 per pay

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 140
(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 ▼ 990.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11AI.9835

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.9917

Amount of Each Receipt this Period 55.00

Payroll deduction of \$55 per pay

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

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.9564

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 140
(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)
Ralph W. Smithers, Jr.
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 Date of Receipt
 M M / D D / Y Y Y Y
 07 25 2008
Transaction ID: SA11AI.9639
 Amount of Each Receipt this Period
 15.00
 Payroll deduction of \$15 per pay
 Name of Employer: Motorists Mutual Ins. Company
 Occupation: Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

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
 Date of Receipt
 M M / D D / Y Y Y Y
 08 08 2008
Transaction ID: SA11AI.9726
 Amount of Each Receipt this Period
 15.00
 Payroll deduction of \$15 per pay
 Name of Employer: Motorists Mutual Ins. Company
 Occupation: Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

C. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.
 Mailing Address 6418 Summers Nook Drive
 City State Zip Code
 New Albany OH 43054
 Date of Receipt
 M M / D D / Y Y Y Y
 08 22 2008
Transaction ID: SA11AI.9798
 Amount of Each Receipt this Period
 15.00
 Payroll deduction of \$15 per pay
 Name of Employer: Motorists Mutual Ins. Company
 Occupation: Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook 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 09 / 05 / 2008
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9880
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 270.00	
		Amount of Each Receipt this Period	<input type="text"/> 15.00
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook 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 09 / 19 / 2008
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.9961
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 285.00	
		Amount of Each Receipt this Period	<input type="text"/> 15.00
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler 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 07 / 11 / 2008
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President	Transaction ID: SA11AI.9565
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	
		Amount of Each Receipt this Period	<input type="text"/> 25.00
		Payroll deduction of \$25 per pay	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 55.00
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 109 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles 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 Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9640
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9727
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

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 Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9799
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 140
(check only one)

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

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

A.

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Insurance Senior Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11AI.9881

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

B.

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

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Insurance Senior Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.9962

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

C.

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9566

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 140
(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)
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 ▼ 375.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9641
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

B.

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9728
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

C.

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9800
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 140
(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 ▼ 450.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9882
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

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

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9963
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

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

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.9567
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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 113 / 140
(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. 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 ▼ 225.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9642
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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 ▼ 240.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9729
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$25 per pay

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

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9801
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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 114 / 140
(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. 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 ▼ 270.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9883
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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 ▼ 285.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9964
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

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

Mailing Address 3264 Arctic 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 ▼ 350.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.9568
 Amount of Each Receipt this Period: 25.00
 Payroll deduction \$25 per pay

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 115 / 140
(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. Craig Thompson

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.9643

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9730

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9802

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 140
(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. Craig Thompson

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11AI.9884

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11AI.9965

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.9731

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 117 / 140
(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)
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 Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9803

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. 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 Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9885

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. 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 Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.9966

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 118 / 140
(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)
James E. Vermillion

Mailing Address 919 Byron Avenue

City Columbus State OH Zip Code 43227

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 ▼ 490.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9571
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

B.

Full Name (Last, First, Middle Initial)
James E. Vermillion

Mailing Address 919 Byron Avenue

City Columbus State OH Zip Code 43227

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9645
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

C.

Full Name (Last, First, Middle Initial)
James E. Vermillion

Mailing Address 919 Byron Avenue

City Columbus State OH Zip Code 43227

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 ▼ 560.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9732
Amount of Each Receipt this Period 35.00
Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 119 / 140
(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)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9572
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9646
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9733
 Amount of Each Receipt this Period 25.00
 Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 140
(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)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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 ▼ 425.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9805
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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 ▼ 450.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9886
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9967
 Amount of Each Receipt this Period: 25.00
 Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 140
(check only one)

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

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

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

A.

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9573
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

B.

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9647
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

C.

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

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9734
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00
Date of Receipt 08 / 22 / 2008
Transaction ID: SA11AI.9806
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

B. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 09 / 05 / 2008
Transaction ID: SA11AI.9887
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

C. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00
Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.9968
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

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

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

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

FOR LINE NUMBER: PAGE 123 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.9520

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: SA11AI.9594

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2008

Transaction ID: SA11AI.9676

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.9753

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9832

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

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

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.9914

Amount of Each Receipt this Period
40.00

Payroll deduction of \$40 per pay

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 140
(check only one)

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

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

A.

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

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.9514
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

B.

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

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 25 / 2008
Transaction ID: SA11AI.9588
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

C.

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

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: SA11AI.9670
 Amount of Each Receipt this Period: 15.00
 Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.9747
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.9826
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.9908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="285.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 140
(check only one)

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

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

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

A.

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.9574

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

B.

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.9648

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

C.

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer Motorists Mutual Insurance Company
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9735

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9807
 Amount of Each Receipt this Period: 30.00
 Payroll deduction of \$30 per pay

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9888
 Amount of Each Receipt this Period: 30.00
 Payroll deduction of \$30 per pay

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

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9969
 Amount of Each Receipt this Period: 30.00
 Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 140
(check only one)

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

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

A.

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.9575

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: SA11AI.9649

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.9736

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 130 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.9808

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.9889

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.9970

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 131 / 140
(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 L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.9576
 Amount of Each Receipt this Period 35.00
 Payroll deduction of \$35 per pay

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.9650
 Amount of Each Receipt this Period 35.00
 Payroll deduction of \$35 per pay

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.9737
 Amount of Each Receipt this Period 35.00
 Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional) ► 105.00

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 132 / 140
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 08 / 22 / 2008
Transaction ID: SA11AI.9809
 Amount of Each Receipt this Period: 35.00
 Payroll deduction of \$35 per pay

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11AI.9890
 Amount of Each Receipt this Period: 35.00
 Payroll deduction of \$35 per pay

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

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt: 09 / 19 / 2008
Transaction ID: SA11AI.9971
 Amount of Each Receipt this Period: 35.00
 Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional) ► 105.00

TOTAL This Period (last page this line number only) ► 8890.60

**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 133 / 140

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

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

A.	Full Name (Last, First, Middle Initial) Steve Stivers for U S Congress	Transaction ID: SB23.9898 Date of Disbursement
	Mailing Address 372 West 2nd Avenue	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Steve Stivers for U S Congress	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.9977 Date of Disbursement
	Mailing Address 2021 E Dublin Granville Road Suite 2000	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name TIBERI FOR CONGRESS	<input type="text" value="012"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address 105 West Liberty Street</p> <p>City Medina State OH Zip Code 44256</p> <p>Purpose of Disbursement Contribution Candidate Name Batchelder for Representative Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.9581 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Gibbs</p> <p>Mailing Address 6992 TR 466</p> <p>City Lakeville State OH Zip Code 44638</p> <p>Purpose of Disbursement Contribution Candidate Name Citizens for Gibbs</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.9895 Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Sears</p> <p>Mailing Address 6711 Monroe Street Building 3 Suite D</p> <p>City Sylvania State OH Zip Code 43560</p> <p>Purpose of Disbursement Contribution Candidate Name Citizens for Sears</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.9505 Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Wagoner</p> <p>Mailing Address 7445 Airport Highway</p> <p>City Holland State OH Zip Code 43528</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens for Wagoner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 02</p>	<p>Transaction ID: SB29.9504 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>7</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	3	/	2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	3	/	2	0	0	8													
250.00																						
<p>B. Full Name (Last, First, Middle Initial) Coleman for Columbus</p> <p>Mailing Address P O Box 1596</p> <p>City Columbus State OH Zip Code 43216</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Coleman for Columbus</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:</p>	<p>Transaction ID: SB29.9500 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>7</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">150.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	2	/	2	0	0	8	150.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	2	/	2	0	0	8													
150.00																						
<p>C. Full Name (Last, First, Middle Initial) Committee for Jim Hughes</p> <p>Mailing Address 14 East Gay Street 2nd Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Committee for Jim Hughes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 22</p>	<p>Transaction ID: SB29.9665 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>8</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	8	/	2	0	0	8	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8	/	0	8	/	2	0	0	8													
500.00																						

SUBTOTAL of Disbursements This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris <hr/> Mailing Address 1238 Township Road 1506 <hr/> City Ashland State OH Zip Code 44805 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Elect Bill Harris <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9658 Date of Disbursement MM / DD / YYYY 08 / 08 / 2008
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Niehaus <hr/> Mailing Address 1131 Little Indiana Creek Road <hr/> City New Richmond State OH Zip Code 45157-9602 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Elect Niehaus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9659 Date of Disbursement MM / DD / YYYY 08 / 08 / 2008
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Randy Cole <hr/> Mailing Address 2399 Amesbury Road <hr/> City Akron State OH Zip Code 44313 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Elect Randy Cole <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9896 Date of Disbursement MM / DD / YYYY 09 / 05 / 2008
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Faber <hr/> Mailing Address 7706 State Route 703 <hr/> City Celina State OH Zip Code 45822 <hr/> Purpose of Disbursement Contribution Candidate Name Friends of Faber Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9580 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Judge Lisa L. Sadler Committee <hr/> Mailing Address 100 South Third Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Contribution Candidate Name Judge Lisa L. Sadler Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9583 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 400.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) OH House Republican Campaign Committee <hr/> Mailing Address 100 East Broad St. Suite 2225 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.9508 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) OIIPAC	Transaction ID: SB29.9814 Date of Disbursement
	Mailing Address 172 East State Street P. O. Box 816	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name OIIPAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIAPAC	Transaction ID: SB29.9901 Date of Disbursement
	Mailing Address 400 N. Washington St.	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314-2353	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name PIAPAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Schuler Campaign Committee	Transaction ID: SB29.9663 Date of Disbursement
	Mailing Address 3648 Jeffrey Court	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Cincinnati State OH Zip Code 45236	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Schuler Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
Seitz for State Representative

Mailing Address 4401 Abby Court

City State Zip Code
Cincinnati OH 43248

Purpose of Disbursement
Contribution

Candidate Name
Seitz for State Representative

Office Sought: House
 Senate
 President
State: OH District: 30

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.9662
Date of Disbursement

MM / DD / YYYY
08 / 08 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

9400.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND		FEC IDENTIFICATION NUMBER C C00336834	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Motorists Mutual Insurance Company		Date M M / D D / Y Y Y Y 09 / 15 / 2008	
Mailing Address 471 East Broad Street		Amount 39.03	
City State Zip Code Columbus OH 43215		Transaction ID: SE.9904	
Purpose of Expenditure Cost to Admin/email support of candidate		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Maureen O'Conner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		39.03	

(a) SUBTOTAL of Itemized Independent Expenditures	39.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	39.03
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Michael L. Wiseman Signature	Date M M / D D / Y Y Y Y 10 / 06 / 2008