10/06/2008 10:31

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 10 06 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND [®] D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 7307.14 2008 January 1 (b) Cash on Hand at 9398.70 Begining of Reporting Period 9268.86 32187.42 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 18667.56 39494.56 6(a) and 6(c) for Column B) 11452.53 32279.53 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 7215.03 7215.03 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

0 1 3^D0 м м 0 7 м м 0 9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18749.00 8890.60 (i) Itemized (use Schedule A) 372.00 13422.00 (ii) Unitemized (iii) TOTAL (add 9262.60 32171.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9262.60 32171.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 6.26 16.42 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 9268.86 32187.42 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 9268.86 32187.42 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

Activity (from Schedule H4)

(b) Other Federal Operating

21. Operating Expenditures:

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(from Schedule H6)

32. Total Federal Disbursements

from Line 31).....

23.

Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date (a) Shared Federal/Non-Federal 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 13.50 40.50 Expenditures..... (c) Total Operating Expenditures 13.50 40.50 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 2000.00 7000.00 39.03 39.03 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 Than Political Committees 0.00 0.00 0.00 0.00 (such as PACs) 0.00 0.00 (add Lines 28(a), (b), and (c)) 9400.00 25200.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 11452.53 32279.53 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. (subtract Line 21(a)(ii) and Line 30(a)(ii)

11452.53

32279.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 140 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	MOTORISTS MUTUAL INSURANCE	COMPANY	SIVIC FUND	
	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt
	Mailing Address 5658 Tynecastle Loop		7: 0 1	07 11 2008
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.9524 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life O		Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 420.00	
	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop)		Date of Receipt
				07 25 2008
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.9598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10010	30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life O		Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
_	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop			Date of Receipt
				08 08 2008
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11AI.9682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life O		Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)	1		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial) Michael J. Agan	COMPANY CIVIC FUND	Date of Receipt
Mailing Address 5658 Tynecastle Loop City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Michael J. Agan	<u> </u>	Date of Receipt
Mailing Address 5658 Tynecastle Loop		09 05 2008
City	State Zip Code	Transaction ID: SA11AI.9836
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle Loop		09 19 2008
City	State Zip Code	Transaction ID: SA11AI.9918
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll deduction of \$30
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Life Operations	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 140 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 1120.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 8 Transaction ID: SA11AI.9525 Amount of Each Receipt this Period 80.00 Payroll deduction of \$80 per pay
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 1200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Chairman, President and CEO Aggregate Year-to-Date 1280.00	Date of Receipt M M M O 8 O 8 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

IT I	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
_	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C			o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) John J. Bishop Mailing Address 1390 Picardae Court			Date of Receipt
	Mailing Address 1390 Picardae Court			08 22 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.9758
	Powell FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1360.00	
—— 3.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9837
	Powell FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1440.00]
—).	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9919 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	+3000	80.00
	Name of Employer Motorists Mutual Insurance Co.	. '	n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00	
SI	JBTOTAL of Receipts This Page (optional)			240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 140 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers Mailing Address S86 W33540 Short Dr	rive		Date of Receipt
	City Mukwonago	State WI	Zip Code 53149-9306	Transaction ID: SA11AI.9742 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00110 0000	125.00
	Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Director Aggregate	e Year-to-Date ▼	Payroll deduction of \$125 per quarters
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street			Date of Receipt 0 7 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9510
	Calamus FEC ID number of contributing federal political committee.	C	52729	Amount of Each Receipt this Period 20.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info		Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00]
	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt
	Mailing Address 1831 265th Street			07 D D / Y Y Y Y Y Y Z D 0 8
	Colomus	State	Zip Code	Transaction ID: SA11AI.9584
	Calamus FEC ID number of contributing federal political committee.	C	52729	Amount of Each Receipt this Period 20.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info		Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
٤	SUBTOTAL of Receipts This Page (optional)		_\	165.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street			Date of Receipt
City Calamus	State IA	Zip Code 52729	Transaction ID: SA11AI.9667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co.	Occupatio		Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify)	V. P. Info	o Tech. e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9744
Calamus	IA	52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00 Payroll deduction of \$20
Name of Employer Iowa Mutual Ins. Co.	Occupatio V. P. Info	Tech.	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet	'		Date of Receipt
Mailing Address 1831 265th Street			09 05 2008
City	State	Zip Code	Transaction ID: SA11AI.9823
Calamus FEC ID number of contributing federal political committee.	C	52729	Amount of Each Receipt this Period 20.00
Name of Employer Iowa Mutual Ins. Co.	Occupatio V. P. Info		Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	1		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial)	COMPANY CIVIC FUND	
Mrs. Annette Braet Mailing Address 1831 265th Street		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Calamus	State Zip Code IA 52729	Transaction ID: SA11AI.9905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Info Tech.	Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancellor Driv	e	07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9526
Grove city FEC ID number of contributing federal political committee.	OH 43123	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancellor Driv	е	07 25 7 2008
City Grove city	State Zip Code OH 43123	Transaction ID: SA11AI.9600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of tl Detailed Summary Pa	ne (cricic drilly drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grove city FEC ID number of contributing	State Zip Code OH 43123	Transaction ID: SA11AI.9684 Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Other (specify) ▼ Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Drive	240	Date of Receipt Date of Receipt
City Grove city FEC ID number of contributing federal political committee.	State Zip Code OH 43123	Transaction ID: SA11AI.9759 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Com- pany Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to-Date 255	per pay
Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grove city FEC ID number of contributing	State Zip Code OH 43123	Transaction ID: SA11AI.9838 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	270	.00
SUBTOTAL of Receipts This Page (optional)		45.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
MOTORISTS MUTUAL INSURANCI	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
Mailing Address 3979 Chancellor Dri	ve State Zip Code	0 9 1 9 2 0 0 8 Transaction ID: SA11AI.9920
Grove city	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 20	03	07 11 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.9527
Radnor	OH 43066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 20	03	07 25 YYYYY
City <u>Radnor</u>	State Zip Code OH 43066	Transaction ID: SA11AI.9601 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional))	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial)	COMPANY CIVIC FUND	
Mr. Jon A. Bright Mailing Address 5300 State Route 203		Date of Receipt
City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.9685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C +3000	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203		08 22 2008
City	State Zip Code	Transaction ID: SA11AI.9760
Radnor FEC ID number of contributing federal political committee.	OH 43066	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation	Payroll deduction of \$15 per pay
Receipt For:	Assistant V. P. Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203		09 05 YYYYY 09 05 2008
City Radnor	State Zip Code OH 43066	Transaction ID: SA11AI.9839 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)	1	45.00

ITEM Any info	EDULE A (FEC Form 3X) IIZED RECEIPTS Dormation copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAN	ommercial purposes, other than using the i ME OF COMMITTEE (In Full) ITORISTS MUTUAL INSURANCE C			solicit contributions from such committee.
4. <u>Mr</u>	Name (Last, First, Middle Initial) Jon A. Bright			Date of Receipt
Maii	ing Address 5300 State Route 203			09 19 2008
City		State	Zip Code	Transaction ID: SA11AI.9921
	dnor	OH	43066	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		15.00
	ne of Employer orists Mutual Ins. Co.	Occupatio Assistan		Payroll deduction of \$15 per pay
Rec	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 285.00	
	Name (Last, First, Middle Initial) ne L. Cable			Date of Receipt
	ing Address 6984 Linbrook Blvd.			M M / D D / Y Y Y Y Y O D D / 2008
City		State	Zip Code	Transaction ID: SA11AI.9528
<u>Col</u>	umbus	OH	43235	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		15.00
Nam Mote pan	ne of Employer orists Mutual Ins. Com- v	Occupatio Assist. V		Payroll deduction of \$15 per pay
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	Name (Last, First, Middle Initial) ne L. Cable			Date of Receipt
Mail	ing Address 6984 Linbrook Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.9602
	umbus	OH	43235	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		15.00
Moto <u>pan</u>		Occupatio Assist. V		Payroll deduction of \$15 per pay
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00]
SUBT	OTAL of Receipts This Page (optional)			45.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 140 (check only one) X 11a
or for commercial NAME OF COI	pied from such Reports and Si burposes, other than using the MMITTEE (In Full) S MUTUAL INSURANCE (name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		COMPANT		
Duane L. Cable	t, First, Middle Initial)			Date of Receipt
Mailing Address	s 6984 Linbrook Blvd.			08 08 2008
City <u>Columbus</u>		State OH	Zip Code 43235	Transaction ID: SA11AI.9686 Amount of Each Receipt this Period
FEC ID numbe federal political		C		15.00
Name of Emplo Motorists Mutu pany	oyer al Ins. Com-	Occupation Assist. V.		Payroll deduction of \$15 per pay
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Las Duane L. Cable	t, First, Middle Initial)			Date of Receipt
Mailing Address	s 6984 Linbrook Blvd.			08 22 YYYY 2008
City		State	Zip Code	Transaction ID: SA11AI.9761
Columbus FEC ID numbe federal political		ОН	43235	Amount of Each Receipt this Period 15.00
Name of Emplo Motorists Mutu pany	yer al Ins. Com-	Occupation Assist. V.		Payroll deduction \$15 per pay
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name (Las Duane L. Cable	t, First, Middle Initial)			Date of Receipt
Mailing Address	s 6984 Linbrook Blvd.			0 9 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.9840
Columbus FEC ID numbe federal political		C	43235	Amount of Each Receipt this Period 15.00
Name of Emplo Motorists Mutu pany	oyer al Ins. Com-	Occupation Assist. V.		Payroll deduction of \$15 per pay
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of D	eceipts This Page (optional)	l		45.00

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Report	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow (Glen N	Date of Receipt
City	State Zip Code	0 8 0 8 2 0 0 8 Transaction ID: SA11AI.9687
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas D. Campana	I	Date of Receipt
Mailing Address 6436 Meadow (Glen N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9762
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll Deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Thomas D. Campana	-	Date of Receipt
Mailing Address 6436 Meadow (Glen N	09 05 7 2008
City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.9841 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (or	tional)	45.00

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (
Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43082 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Vice President Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Vice President Aggregate Year-to-Date ▼ 375.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 140 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persize name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trai City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Vice President Aggregate Year-to-Date 400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trai City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Vice President Aggregate Year-to-Date 425.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trai City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43021 C Occupation Vice President Aggregate Year-to-Date 450.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	· 	75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 22 / 140 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FU	ND	
	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			09 19 2008
	City Galena	State Zip Co OH 4302		Transaction ID: SA11AI.9926 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 475.00	
	Full Name (Last, First, Middle Initial) John D. Coffman	<u> </u>		Date of Receipt
	Mailing Address 7042 Tralee Drive			07 11 2008
	City	State Zip Co		Transaction ID: SA11AI.9531
	<u>Dublin</u>	OH 43017	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Da	ate 🔻	
	Other (specify)		334.00	
	Full Name (Last, First, Middle Initial) John D. Coffman	I.		Date of Receipt
	Mailing Address 7042 Tralee Drive			07 25 YYYYY 2008
	City	State Zip Co		Transaction ID: SA11AI.9605
	<u>Dublin</u>	OH 43017	7	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Da	1 1 1 1 1	1
	Other (specify)		359.00	
_	SUBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEITEMIZED RECEITEMIZED RECEITEM	PTS n such Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
or for commercial purposes NAME OF COMMITTEE	, other than using the name and ac	dress of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, N John D. Coffman			Date of Receipt
Mailing Address 7042	2 Tralee Drive		08 08 2008
City	State	Zip Code	Transaction ID: SA11AI.9691
<u>Dublin</u> FEC ID number of contr federal political committe		43017	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Co	Occupation VP Tax		Payroll deduction of \$25 per pay
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 384.00	
Full Name (Last, First, N John D. Coffman	Middle Initial)		Date of Receipt
Mailing Address 7042	2 Tralee Drive		0 8 2 2 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9764
<u>Dublin</u> FEC ID number of contrept federal political committee		43017	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Co pany	om- Occupation VP Tax		Payroll deduction of \$25 per pay
Receipt For: Primary Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 409.00	
Full Name (Last, First, N. John D. Coffman	Middle Initial)		Date of Receipt
Mailing Address 7042	2 Tralee Drive		09 05 2008
City Dublin	State OH	Zip Code 43017	Transaction ID: SA11AI.9843 Amount of Each Receipt this Period
FEC ID number of contre federal political committee	ibuting	43017	25.00
Name of Employer Motorists Mutual Ins. Co pany	om- Occupation VP Tax		Payroll deduction of \$25 per pay
Receipt For: Primary Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 434.00	
SUBTOTAL of Receipts T	his Page (optional)		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 140 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	<u> </u>		
Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt
Mailing Address 7042 Tralee Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dublin	State OH	Zip Code	Transaction ID: SA11AI.9927
FEC ID number of contributing federal political committee.	С	43017	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax D		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 459.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	I		Date of Receipt
Mailing Address 712 South 9th Stre	et Ct.		07 11 2008
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.9511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OE/ TO	25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P.	n Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole			Date of Receipt
Mailing Address 712 South 9th Stre	et Ct.		07 25 2008
City Eldridge	State IA	Zip Code 52748	Transaction ID: SA11AI.9585
FEC ID number of contributing federal political committee.	C	32740	Amount of Each Receipt this Period 25.00
Name of Employer lowa Mutual Insurance Com- pany		Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00]
SUBTOTAL of Receipts This Page (optional	al)		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Mr. Thomas R Cole Mailing Address 712 South 9th Street	t Ct.	Date of Receipt M M D D
City <u>Eldridge</u>	State Zip Code IA 52748	Transaction ID: SA11AI.9668 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer lowa Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼ 400.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Street	t Ct.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9745
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer lowa Mutual Insurance Com- pany	Occupation Sr. V. P. Marketing/Claims	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
Mailing Address 712 South 9th Street		09 / 05 / 2008
City Eldridge	State Zip Code IA 52748	Transaction ID: SA11AI.9824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer lowa Mutual Insurance Com- pany Receipt For:	Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼	Payroll deduction of \$25 per pay
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 140 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to a COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas R Cole Mailing Address 712 South 9th Stree City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Insurance Company Receipt For: Primary General	t Ct. State Zip Code IA 52748 C Occupation Sr. V. P. Marketing/Claims Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road. City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	SW State Zip Code OH 43062 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43062 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		55.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 140 (check only one) X 11a
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY C	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,		7:s Oada	08 08 2008
	City Pataskala	State OH	Zip Code 43062	Transaction ID: SA11AI.9692 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45002	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V.		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	SW		08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9765
	<u>Pataskala</u>	OH	43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	SW		09 05 YYYYY 2008
	City	State	Zip Code	Transaction ID: SA11Al.9844
	Pataskala	OH	43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
	UBTOTAL of Receipts This Page (optional)	1		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 140 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
<u>/</u>	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road,	SW		09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9928
	Pataskala FFC ID number of contribution	OH	43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	285.00	
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig			Date of Receipt
	Mailing Address 4282 Hunts Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.9533
	Gahanna	OH	43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant	n : Vice President Life Adm.	per pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	210.00	
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig			Date of Receipt
	Mailing Address 4282 Hunts Drive			07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9608
	<u>Gahanna</u>	OH	43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant	n : Vice President Life Adm.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
	UBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any person and address of any political committee to COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date 240.00	Date of Receipt M M M O 8 O 8 2008 Transaction ID: SA11AI.9693 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date 255.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		45.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive City Gahanna FEC ID number of contributing federal political committee. Name of Employer Motorists Life Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43230 C Occupation Assistant Vice President Life Adm. Aggregate Year-to-Date ▼ 285.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Daniel L. Crawford Mailing Address 6323 Cook Road City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Daniel L. Crawford Mailing Address 6323 Cook Road City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Vice President Aggregate Year-to-Date 375.00	Date of Receipt M M Z D Z D Z D O S Transaction ID: SA11AI.9609 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)		65.00

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
Mailing Address 6323 Cook Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State OH	Zip Code	Transaction ID: SA11AI.9694
Powell FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
Mailing Address 6323 Cook Road			08 22 YYYYY
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9767
FEC ID number of contributing federal political committee.	C	45005	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt
Mailing Address 6323 Cook Road			0 9 0 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9846
Powell FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional			75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 140 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel L. Crawford Mailing Address 6323 Cook Road City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Vice President Aggregate Year-to-Date 475.00	Date of Receipt M M M / D D D 2008 Transaction ID: SA11AI.9930 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt M M / D D / Y Y Y Y Y O 7
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M M 25 25 2008 Transaction ID: SA11AI.9610 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)	55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 140 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persongle name and address of any political committee to COMPANY CIVIC FUND	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date 240.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date 255.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43214 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 140 (check only one) X 11a
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>M</u> r	ull Name (Last, First, Middle Initial) rs. Rose DePontes ailing Address 53 Nottingham Road	State	Zip Code	Date of Receipt 0 9 1 9 2 0 0 8 Transaction ID: SA11AI.9931
FE	olumbus EC ID number of contributing deral political committee.	ОН	43214	Amount of Each Receipt this Period
	eme of Employer otorists Mutual Ins. Co. eceipt For: Primary General Other (specify)	Occupation Assist. V		Payroll deduction of \$15 per pay
. <u>Do</u>	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake Drive			Date of Receipt 0 7 1 1 2 0 0 8
Cit	•	State	Zip Code	Transaction ID: SA11AI.9536
FE fed	illiard EC ID number of contributing deral political committee.	ОН	43026	Amount of Each Receipt this Period 25.00 Payroll deduction of \$25
Mo pa	ame of Employer otorists Mutual Ins. Com- any eceipt For: Primary General Other (specify)	Occupation Vice Pres		peř pay
Do	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lake Drive			Date of Receipt
		State	7in Code	07 15 2008
Cit <u>Hi</u>	illiard	OH	Zip Code 43026	Transaction ID: SA11AI.9611 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		25.00
Мо <u>ра</u>	ame of Employer otorists Mutual Ins. Com- any	Occupatio Vice Pre	sident	Payroll deduction of \$25 per pay
ne l	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SUB	TOTAL of Receipts This Page (optional)	1		65.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 140 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANGE.	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
Mailing Address 5922 Coventry Lak City	Ke Drive State	Zip Code	0 8 0 8 2 0 0 8 Transaction ID: SA11Al.9696
Hilliard	OH	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Company	Occupatio Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 5922 Coventry Lak	ce Drive		Date of Receipt
	te brive		08 22 2008
City	State	Zip Code	Transaction ID: SA11AI.9769
<u>Hilliard</u>	OH	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Company Occupation Vice President		sident	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00]
Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
Mailing Address 5922 Coventry Lake Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.9849
<u>Hilliard</u>	OH	43026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupatio Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option	al)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 140 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
Mailing Address 5922 Coventry Lake [09 19 2008
City <u>Hilliard</u>	State Zip Code OH 43026	Transaction ID: SA11AI.9932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) Michael D. Finch	l	Date of Receipt
Mailing Address 8857 Chateau Drive		07 11 2008
City	State Zip Code OH 43147	Transaction ID: SA11AI.9537
Pickerington FEC ID number of contributing federal political committee.	OH 43147	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
Mailing Address 8857 Chateau Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pickerington	State Zip Code OH 43147	Transaction ID: SA11AI.9612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional) .	1	55.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 37 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any po	olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael D. Finch Mailing Address 8857 Chateau Drive City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43147 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M M D D D 2 2 0 0 8 Transaction ID: SA11AI.9697 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Michael D. Finch Mailing Address 8857 Chateau Drive City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43147 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael D. Finch Mailing Address 8857 Chateau Drive City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43147 C Occupation Assist. V. P. Aggregate Year-to-Date		Date of Receipt M M D D Z Q Q S
SUBTOTAL of Receipts This Page (optional)		>	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 140 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Michael D. Finch Mailing Address 8857 Chateau Drive City Pickerington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company	State OH C Occupatio Assist. V	Zip Code 43147	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 285.00	
	Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg	e Road		Date of Receipt 0 7 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9521
	Bloomington	IN	47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupatio Director	n	Payroll deduction of \$57
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 756.00	
	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
	Mailing Address 7542 East Rush Ridg	e Road		07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9595
	Bloomington FEC ID number of contributing federal political committee.	C	47401	Amount of Each Receipt this Period 57.60
	Name of Employer Motorists Mutual Insurance Co.	Occupatio Director	_	Payroll deduction of \$57 60 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 813.60	
Γ,	SUBTOTAL of Receipts This Page (optional).	1		130.20

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ridg City Bloomington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co.		Zip Code 47401	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 871.20	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ride	ge Road		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9754
Bloomington FEC ID number of contributing federal political committee.	C	47401	Amount of Each Receipt this Period 57.60
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 928.80	Payroll deduction of \$57 60 per pay
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
Mailing Address 7542 East Rush Ridg	ge Road		09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9833
Bloomington	IN	47401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.60
Name of Employer Motorists Mutual Insurance Co.	Occupation Director		Payroll deduction of \$57 60 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 986.40	
SUBTOTAL of Receipts This Page (optional)	•		172.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 140 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 7542 East Rush Ri	dge Road		Date of Receipt
City Bloomington	State IN	Zip Code 47401	Transaction ID: SA11AI.9915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction of \$57 60 per pay
Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate	Year-to-Date ▼ 1044.00	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court	1		Date of Receipt 0 7 1 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9539
<u>Pataskala</u>	OH	43062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Com- pany Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		P. Personal Lines Adm. Year-to-Date 210.00	per pay
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
Mailing Address 14 Burreed Court			07 25 2008
City	State	Zip Code	Transaction ID: SA11AI.9614
Pataskala FEC ID number of contributing federal political committee.	C	43062	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:		n. P. Personal Lines Adm. Year-to-Date ▼	Payroll deduction of \$15 00 per pay
Primary General Other (specify) ▼	Aggregate	225.00	
SUBTOTAL of Receipts This Page (optional	al)		87.60

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 140 (check only one) X
Any information copied from such Report or for commercial purposes, other than under the NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personant sing the name and address of any political committee to	on for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
Mailing Address 14 Burreed Cou		08 08 2008
City <u>Pataskala</u>	State Zip Code OH 43062	Transaction ID: SA11AI.9699 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P. Personal Lines Adm.	Payroll deduction of \$15 per pay
pany Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
Mailing Address 14 Burreed Cou	rt	0 8 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9772
Pataskala FEC ID number of contributing federal political committee.	OH 43062	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	Payroll deduction of \$15 per pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
Mailing Address 14 Burreed Cou	rt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9852
Pataskala FEC ID number of contributing	OH 43062	Amount of Each Receipt this Period
federal political committee.		Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Company Receipt For:	Assist. V. P. Personal Lines Adm.	per pay
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SURTOTAL of Receipts This Page (only	ional)	45.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than u	ts and Statements may not be sold or used by any persing the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons		Date of Receipt
Mailing Address 14 Burreed Cou	rt State Zip Code	0 9 1 9 2 0 0 8 Transaction ID: SA11AI.9935
<u>Pataskala</u>	OH 43062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P. Personal Lines Adm.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
Mailing Address 396 Shelby Ave	<u> </u>	07 11 7 2008
City	State Zip Code	Transaction ID: SA11AI.9540
Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Shaun D. Gregoire		Date of Receipt
Mailing Address 396 Shelby Ave	nue, East	07 / 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9615
Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
OUDTOTAL of Descripto This Descriptor	tional)	45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 140 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenu City Powell FEC ID number of contributing federal political committee. Name of Employer	e, East State OH C	Zip Code 43065	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Assist. V		per pay
Full Name (Last, First, Middle Initial) Shaun D. Gregoire Mailing Address 396 Shelby Avenu	e, East		Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9773
Powell	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
Mailing Address 396 Shelby Avenu	e, East		09 05 2008
City	State	Zip Code	Transaction ID: SA11AI.9853
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (option	nal)		45.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 140 (check only one) X
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
۱.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, I	East		09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9936
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	
	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 1025 8th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9512
	<u>DeWitt</u>	<u>IA</u>	52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00 Payroll deduction of \$25
	Name of Employer lowa Mutual Ins. Co.	Occupatio Presiden		per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		350.00	
. –	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 1025 8th Street			07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9586
	<u>DeWitt</u>	IA	52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Iowa Mutual Ins. Co.	Occupatio Presiden		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
	SUBTOTAL of Receipts This Page (optional)	1		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street City DeWitt FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary Other (specify)	State Zip Code IA 52742 C Occupation President Aggregate Year-to-Date 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street City DeWitt FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52742 C Occupation President Aggregate Year-to-Date 425.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street City DeWitt FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52742 C Occupation President Aggregate Year-to-Date 450.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 140 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	
MOTORISTS MUTUAL INSURANCE Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack Mailing Address 1025 8th Street City DeWitt	State Zip Code IA 52742	Date of Receipt 0 9 1 9 2 0 0 8 Transaction ID: SA11AI.9937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cocupation	25.00 Payroll deduction of \$25
Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date 475.00	peř pay
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road		Date of Receipt 0 7 1 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9541
Centerburg FEC ID number of contributing federal political committee.	OH 43011	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
Mailing Address 5999 Lane Road		07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9616
Centerburg FEC ID number of contributing federal political committee.	OH 43011	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V. P. Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		55.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 [
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road City Centerburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road City Centerburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011 C Occupation Assist. V. P. Aggregate Year-to-Date 255.00	Date of Receipt M M D D 22 2008 Transaction ID: SA11AI.9775 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road City Centerburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any pers the name and address of any political committee t EE COMPANY CIVIC FUND	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marc S. Hall Mailing Address 5999 Lane Road City Centerburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43011 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 285.00	Date of Receipt M M D D 2008 Transaction ID: SA11AI.9938 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College A City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College A City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43081 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College Aver City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43081 C Occupation Assist. V. P. Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College Aver City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43081 C Occupation Assist. V. P. Aggregate Year-to-Date 255.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College Aver City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43081 C Occupation Assist. V. P. Aggregate Year-to-Date 270.00	Date of Receipt M M D D D Z D D D D D D
SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ony information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CI	VIC FUND	
	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt
	Mailing Address 813 East College Ave	enue		0 9 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9939
	Westerville	OH	43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. I	P.	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		285.00	
_	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washingt	ton Drive		07 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.9515
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Clain	าร	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
_	Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
	Mailing Address 1020 South Washingt	ton Drive		07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9589
	Howards Grove	WI	53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Clain	ns	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
Γ				45.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 140 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	<u>- </u>	•	
Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
Mailing Address 1020 South Washi	ington Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9671
Howards Grove FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period 15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
Mailing Address 1020 South Washi	ington Drive		08 22 2008
City Howards Grove	State WI	Zip Code 53083	Transaction ID: SA11AI.9748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33003	15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr. James F Hayon			Date of Receipt
Mailing Address 1020 South Washi	ington Drive		0 9 0 5 2 0 0 8
City	State WI	Zip Code	Transaction ID: SA11AI.9827
Howards Grove FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Cla		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (option	al)		45.00

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C			
Full Name (Last, First, Middle Initial)	DOWFAINT C	NVIO I OND	
Mr. James F Hayon			Date of Receipt
Mailing Address 1020 South Washingto	on Drive		09 19 2008
City	State	Zip Code	Transaction ID: SA11AI.9909
Howards Grove	WI	53083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Clai		Payroll deduction of \$15 per pay
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	285.00]
Full Name (Last, First, Middle Initial) Peter A. Hitchcock	l		Date of Receipt
Mailing Address 1409 Snowmass Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9544
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life F	inancial Operations	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 330.00]
Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
Mailing Address 1409 Snowmass Road			07 25 2008
City	State	Zip Code	Transaction ID: SA11AI.9619
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life F	inancial Operations	Payroll deduction of \$25 per pay
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		355.00	
SUBTOTAL of Receipts This Page (optional)			65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation VP Life Financial Operations Aggregate Year-to-Date 380.00	Date of Receipt M M O 8 O 8 2 0 0 8 Transaction ID: SA11AI.9705 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation VP Life Financial Operations Aggregate Year-to-Date 405.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation VP Life Financial Operations Aggregate Year-to-Date 430.00	Date of Receipt M M M O D D O S 2 0 0 8 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

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 140 (check only one) X
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
<u> </u>	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
_	Mailing Address 1409 Snowmass Road			09 / 19 / 2008
	City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.9941 Amount of Each Receipt this Period
F	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life F	n inancial Operations	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00	
	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
N	Mailing Address 4556 Dirham Court			07 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.9545
F	Hilliard FEC ID number of contributing rederal political committee.	OH C	43026	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
_	Mailing Address 4556 Dirham Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9620
F	Hilliard FEC ID number of contributing federal political committee.	OH C	43026	Amount of Each Receipt this Period 15.00
1	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	Payroll deduction of \$15 per pay
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
	BTOTAL of Receipts This Page (optional)			55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 140 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43026 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43026 C Occupation Assist. V. P. Aggregate Year-to-Date 255.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43026 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M O D D C 2008 Transaction ID: SA11AI.9859 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)	>	45.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for co	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) DTORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Jeffr Mail City Hill FEC fede Nam Mot pan	Name (Last, First, Middle Initial) rey O. Hoover ling Address 4556 Dirham Court iard C ID number of contributing eral political committee. ne of Employer orists Mutual Ins. Com-	State OH C Occupation Assist. V	Zip Code 43026	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail City Car FEC fede Nam Nam Moto	Name (Last, First, Middle Initial) Dan E. Jeffers ling Address 6401 Possmore Lane	State OH C Occupation Assist. V Aggregate		Date of Receipt M M M
Mail City Can FEC fede Nam Mot	nal Winchester C ID number of contributing eral political committee. ne of Employer orists Mutual Ins Comp-	State OH C Occupation Assist. V Aggregate		Date of Receipt 0 7 25 2008 Transaction ID: SA11AI.9621 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
SUBT	OTAL of Receipts This Page (optional))	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 140 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers Mailing Address 6401 Possmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers Mailing Address 6401 Possmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 255.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers Mailing Address 6401 Possmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	State Zip Code OH 43110 C Occupation Assist. V. P. Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers			Date of Receipt
	Mailing Address 6401 Possmore Lane) 		09 19 2008
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID: SA11AI.9943
Ī	FEC ID number of contributing federal political committee.	C	43110	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins Comp-	Occupation Assist. V		Payroll deduction of \$15 per pay
	any Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 285.00	
	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
	Mailing Address 5729 Superior Avenu	le		07 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.9516
Ī	Sheboygan FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period 25.00
į	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P.	n Administration	Payroll deduction of \$25 per pay
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt
ı	Mailing Address 5729 Superior Avenu	е		07 25 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.9590
Ī	Sheboygan FEC ID number of contributing federal political committee.	C	53083	Amount of Each Receipt this Period 25.00
į	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P.	n Administration	Payroll deduction of \$25 per pay
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
su	IBTOTAL of Receipts This Page (optional)			65.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 140 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M O 8
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date ▼ 425.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53083 C Occupation Sr. V.P. Administration Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 140 (check only one) X 11a
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		OIVIO I GIVE	
•	Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue	e		Date of Receipt 0 9 1 9 2 0 0 8
	City Sheboygan	State WI	Zip Code 53083	Transaction ID: SA11AI.9910 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupatio Sr. V.P.	n Administration	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			07 11 7 2008
	City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.9547
	FEC ID number of contributing federal political committee.	C	40200	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Insurance Company		President, CIO	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
	Full Name (Last, First, Middle Initial) David L. Kaufman	1		Date of Receipt
	Mailing Address 7925 Greenside Lane			07 25 2008
	City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.9622 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Insurance Company	, '	President, CIO	Payroll deduction of \$30 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional) .	1		85.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee.	State Zip Code OH 43235	Date of Receipt M M M
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Sr. Vice President, CIO Aggregate Year-to-Date ▼ 480.00	per pay
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane		Date of Receipt 0 8 2 2 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9781
Worthington	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Payroll deduction of \$30
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Sr. Vice President, CIO Aggregate Year-to-Date	per pay
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
Mailing Address 7925 Greenside Lane		09 05 7 2008
City	State Zip Code	Transaction ID: SA11AI.9861
Worthington FEC ID number of contributing federal political committee.	OH 43235	Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Sr. Vice President, CIO Aggregate Year-to-Date	Payroll deduction of \$30 per pay
Primary General Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)		90.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
Mailing Address 7925 Greenside Lane City	State Zip Code	0 9 1 9 2 0 0 8 Transaction ID: SA11AI.9944
Worthington	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) John C. Kessler	1	Date of Receipt
Mailing Address 3910 Caswell Road		07 11 7 2008
City	State Zip Code	Transaction ID: SA11AI.9548
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Payroll deduction of \$20
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	per pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	280.00	
Full Name (Last, First, Middle Initial) John C. Kessler	1	Date of Receipt
Mailing Address 3910 Caswell Road		07 25 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9623
<u>Johnstown</u>	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (optional)		70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 140 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		•	
Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
Mailing Address 3910 Caswell Road			0 8 0 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9709
Johnstown FEC ID number of contributing federal political committee.	ОН	43031	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
Mailing Address 3910 Caswell Road			0 8 2 2 2 2 0 0 8
City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11AI.9782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45001	20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9862
Johnstown FEC ID number of contributing federal political committee.	C	43031	Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	sident	Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate sched for each category on Detailed Summary	f the
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAL	ng the name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Ro City Johnstown FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43031 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt 0 7 1 1 2 0 0 8 Transaction ID: SA11AI.9549 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43016 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optic	nal)	70.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.		Date of Receipt
City	State Zip Code	0 8 0 8 2 0 0 8 Transaction ID: SA11Al.9710
<u>Dublin</u>	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.		Date of Receipt
		08 22 2008
City	State Zip Code	Transaction ID: SA11AI.9783
<u>Dublin</u>	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4	25.00
Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
Mailing Address 6934 Roundwood Ct.		09 / 05 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9863
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll deduction of \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	per pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4	50.00
SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
MOTORISTS MUTUAL INSURANCE C Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct. City Dublin FEC ID number of contributing	State Zip Code OH 43016	Date of Receipt M M M
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date 475.00	Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court		Date of Receipt 0 7 1 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.9550
Westerville FEC ID number of contributing federal political committee.	OH 43082	Amount of Each Receipt this Period 15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P. Aggregate Year-to-Date ▼	per pay
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court		Date of Receipt
	State Zin Code	07 25 2008
City Westerville	State Zip Code OH 43082	Transaction ID: SA11AI.9625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		55.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 140 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
_	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			08 / 08 / 2008
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.9711 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			08 22 YYYYY 08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9784
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		255.00	
	Full Name (Last, First, Middle Initial) Teresa M. King	1		Date of Receipt
	Mailing Address 1139 Tidewater Court			09 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.9864
	Westerville FEC ID number of contributing	OH	43082	Amount of Each Receipt this Period
	federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
_	SUBTOTAL of Receipts This Page (optional)	1		45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 140 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court City Westerville FEC ID number of contributing federal political committee.	State OH	Zip Code 43082	Date of Receipt M M
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Assist. V Aggregate		peř pay
	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9517
	Manitowoc	WI	45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Age	n ncy Operations	Payroll deduction of \$20
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		280.00	
_	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	l		Date of Receipt
	Mailing Address 728 South 29th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9591
	Manitowoc	WI	45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Age	n ncy Operations	Payroll deduction of \$20 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 140 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt
City <u>Manitowoc</u>	State WI	Zip Code 45220	Transaction ID: SA11AI.9673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	, ' 	nncy Operations e Year-to-Date 320.00	Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt 0 8 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9750
Manitowoc FEC ID number of contributing federal political committee.	C	45220	Amount of Each Receipt this Period 20.00
Name of Employer Wilson Mutual Ins. Co. Receipt For:	, I	n ncy Operations Year-to-Date V	Payroll deduction of \$20 per pay
Primary General Other (specify) ▼	Aggregate	340.00	
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt
			09 05 2008
City Manitowoc	State WI	Zip Code 45220	Transaction ID: SA11AI.9829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1011	20.00
Name of Employer Wilson Mutual Ins. Co.		ncy Operations	Payroll deduction of \$20 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)			60.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personante name and address of any political committee to E COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Stre City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date 380.00	Date of Receipt M M M / D D / 2008 Transaction ID: SA11AI.9911 Amount of Each Receipt this Period 20.00 Payroll deduction of \$20 per pay
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive City Reynoldsburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive City Reynoldsburg FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43068 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional))	50.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Reynoldsburg FEC ID number of contributing federal political committee.	State OH	Zip Code 43068	Transaction ID: SA11AI.9715 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Reynoldsburg FEC ID number of contributing	State OH	Zip Code 43068	Transaction ID: SA11AI.9787 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive)		Date of Receipt
City Reynoldsburg FEC ID number of contributing federal political committee.	State OH	Zip Code 43068	Transaction ID: SA11AI.9867 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 140 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 8447 Priestley Drive			Date of Receipt
City Reynoldsburg FEC ID number of contributing	State OH	Zip Code 43068	Transaction ID: SA11AI.9950 Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court City Westerville FEC ID number of contributing federal political committee.	State OH	Zip Code 43082	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Motorists Mutual Ins. Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court			Date of Receipt 0 7 2 5 2 0 0 8
City Westerville FEC ID number of contributing federal political committee.	State OH	Zip Code 43082	Transaction ID: SA11AI.9629 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V Aggregate		Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)			45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 140 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Com-	State OH C	Zip Code 43082	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	pany Receipt For: Primary General Other (specify) ▼	Assist. V Aggregate	. P. e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9788
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.00	
	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			09 / 05 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9868
	Westerville FEC ID number of contributing federal political committee.	ОН	43082	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation Assist. V		Payroll deduction of \$15 per pay
	Primary General Other (specify) ▼	Aggregate	270.00	
Γ	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /4 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		•	
Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
Mailing Address 6740 Callaway Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9951
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
Mailing Address 1002 Loch Ness Avenue			0 7 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9555
Worthington	OH	43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	210.00	
Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
Mailing Address 1002 Loch Ness Ave	enue		0 7 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9630
Worthington	OH	43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	225.00	
SUBTOTAL of Receipts This Page (optional			45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
Mailing Address 1002 Loch Ness Av City	enue State Zip Code	0 8 0 8 2 0 0 8 Transaction ID: SA11AI.9717
Worthington	OH 43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
Mailing Address 1002 Loch Ness Av	08 22 2008	
City	State Zip Code	Transaction ID: SA11AI.9789
Worthington FEC ID number of contributing federal political committee.	OH 43285	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
pany Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
Mailing Address 1002 Loch Ness Av	enue	09 05 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9871
Worthington	OH 43285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 Payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional	l)	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 140 (check only one) X
or fo	r information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
!	Mailing Address 1002 Loch Ness Aven	iue		09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9952
-	Worthington	OH	43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V		Payroll deduction of \$15 per pay
	pany Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	33 (3.11)	285.00	
	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel			Date of Receipt
Ī	Mailing Address 535 Brule Road #14			07
(City	State	Zip Code	Transaction ID: SA11AI.9518
_	DePere	WI	54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
ļ	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Mar		Payroll deduction of \$15 per pay
Ī	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel			Date of Receipt
-	Mailing Address 535 Brule Road #14			0 7 2 5 2 0 0 8
(City	State	Zip Code	Transaction ID: SA11AI.9592
_	DePere	WI	54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
ļ	Name of Employer Wilson Mutual Ins. Co. V.P. Marketing			Payroll deduction of \$15 per pay
Ī	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		225.00	
		1		45.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 140 (check only one) X
	pied from such Reports and spurposes, other than using the MMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORISTS	S MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Mr. Steven E. M				Date of Receipt
Mailing Addres City	s 535 Brule Road #14	State	Zip Code	0 8 0 8 2 0 0 8 Transaction ID: SA11AI.9674
DePere		WI	54115	Amount of Each Receipt this Period
	or of contributing committee.	C		15.00
Name of Emplo Wilson Mutual	oyer Ins. Co.	Occupation V.P. Mar		Payroll deduction of \$15 per pay
Receipt For: Primary Other (sp	General pecify) ▼	- '	Year-to-Date ▼ 240.00	
Mr. Steven E. M				Date of Receipt
Mailing Address 535 Brule Road #14			08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		State	Zip Code	Transaction ID: SA11AI.9751
<u>DePere</u>		WI	54115	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		15.00
Name of Emplo Wilson Mutual	oyer Ins. Co.	Occupation V.P. Mark		Payroll deduction of \$15 per pay
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	_
Other (sp			255.00	
Full Name (Las Mr. Steven E. M	t, First, Middle Initial) anteufel			Date of Receipt
Mailing Addres	s 535 Brule Road #14			0 9 0 5 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.9830
<u>DePere</u>		WI	54115	Amount of Each Receipt this Period
federal political		C		15.00 Payroll deduction of \$15
Name of Emplo Wilson Mutual	oyer Ins. Co.	Occupation V.P. Mark	keting	per pay
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of B	eceipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address 535 Brule Road #14 City DePere FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co.	State Zip Code WI 54115 C Occupation V.P. Marketing	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 285.00	
Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wag City	y State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 375.00	Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Wa	y	Date of Receipt
City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼	Transaction ID: SA11AI.9651 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Other (specify)	400.00	65.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 140 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C		
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 425.00	Date of Receipt M M O 8 O 8 Transaction ID: SA11AI.9739 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M Z 2 Z Z Z Q 0 8 Transaction ID: SA11AI.9811 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation Sr. VP & Chief Operating Officer Aggregate Year-to-Date ▼ 475.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 140 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz Mailing Address 7705 Ridgeview Way City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For:		Zip Code 55317 Chief Operating Officer Year-to-Date	Date of Receipt M M
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Driv	re	500.00	Date of Receipt
	City Chanhassen FEC ID number of contributing federal political committee.	State MN	Zip Code 55317	Transaction ID: SA11AI.9578 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15
	Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Mai Aggregate		per pay
	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Driv	re		Date of Receipt 0 7 2 5 2 0 0 8
	City Chanhassen FEC ID number of contributing federal political committee.	State MN	Zip Code 55317	Transaction ID: SA11AI.9652 Amount of Each Receipt this Period 15.00
	Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Man Aggregate		Payroll deduction of \$15 per pay
	SUBTOTAL of Receipts This Page (optional) .			55.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 140 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	d Statements may not be sold or used by any personante name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Di City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation V. P. Marketing Aggregate Year-to-Date 255.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Di City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation V. P. Marketing Aggregate Year-to-Date 270.00	Date of Receipt M M M 22 2 2008 Transaction ID: SA11AI.9812 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Mr. Thomas M Mason Mailing Address 575 Summerfield Di City Chanhassen FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55317 C Occupation V. P. Marketing Aggregate Year-to-Date 285.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	45.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 140 (check only one) X 11a
or for commercial purpose NAME OF COMMITTE	s, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		NY CIVIC FUND	
Full Name (Last, First, Mr. Thomas M Mason			Date of Receipt
Mailing Address 575	Summerfield Drive		09 / 19 / 2008
City Chanhassen	Stat MN	•	Transaction ID: SA11AI.9973
FEC ID number of con federal political commit	tributing	33317	Amount of Each Receipt this Period 15.00
Name of Employer American Hardware M Ins.	utual Occu	pation . Marketing	Payroll deduction of \$15 per pay
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 300.00	
Full Name (Last, First, Mr. Robert L. McCracker	1 ,		Date of Receipt
Mailing Address 213	5 Hunters Ridge Court	07 11 7 2008	
City Manitowoc	Stat WI	•	Transaction ID: SA11AI.9522
FEC ID number of con federal political commit	tributing	54220	Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. C	Co. Occu	pation	Payroll deduction of \$45 per pay
Receipt For: Primary Other (specify)	General Aggre	egate Year-to-Date ▼ 630.00	
Full Name (Last, First, Mr. Robert L. McCracker	,		Date of Receipt
Mailing Address 213	5 Hunters Ridge Court	07 25 2008	
City Manitowoc	Stat WI	'	Transaction ID: SA11AI.9596 Amount of Each Receipt this Period
FEC ID number of con federal political commit	tributing	J4220	45.00
Name of Employer Motorists Mutual Ins. C	Co. Occu	pation ctor	Payroll deduction of \$45 per pay
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 675.00	
SUBTOTAL of Receipts	This Page (optional)		105.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personal the name and address of any political committee of E COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co.	State Zip Code WI 54220 C Occupation Director	Date of Receipt M M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	Aggregate Year-to-Date ▼ 720.00	Date of Receipt
Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date 765.00	Transaction ID: SA11AI.9755 Amount of Each Receipt this Period 45.00 Payroll deduction of \$45 per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date 810.00	Date of Receipt M M D D 2 0 0 8
SUBTOTAL of Receipts This Page (optional)	135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 140 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Ourt State Zip Code WI 54220 C Occupation Director Aggregate Year-to-Date ▼ 855.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date 210.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 140 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date 240.00	Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date 255.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43130 C Occupation Manager Aggregate Year-to-Date 270.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 140 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		•	
Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of Receipt
Mailing Address 662 East Fifth Avenu	ie		09 19 2008
City Lancaster	State OH	Zip Code 43130	Transaction ID: SA11AI.9953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40100	15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Mailing Address 10167 Chelton Wood	d		07 11 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	50.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Mailing Address 10167 Chelton Wood	d		0 7 2 5 2 0 0 8
City Powell	State OH	Zip Code	Transaction ID: SA11AI.9632
FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period 50.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	У	Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			115.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For:	State Zip Code OH 43065 C Occupation Secretary Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood	800.00	Date of Receipt 08 22 2008
City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance	State Zip Code OH 43065 C Occupation	Transaction ID: SA11AI.9791 Amount of Each Receipt this Period 50.00 Payroll deduction of \$50 per pay
Company Receipt For: Primary General Other (specify) ▼	Secretary Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.9873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Motorists Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Secretary Aggregate Year-to-Date 900.00	Payroll deduction of \$50 per pay
SUBTOTAL of Receipts This Page (optional) .		150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 10167 Chelton Wood			09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9954
	Powell From the second	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		Payroll deduction of \$50 per pay
	Receipt For:	- '	Year-to-Date ▼	
	Primary General Other (specify) ▼		950.00	
_	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street	t		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.9558
	<u>Hilliard</u>	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V.		per pay
	pany Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street	t		07 25 YYYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.9633
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.	P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Repor	for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 89 / 140 (check only one) X
or for commercial purposes, other than under the commercial purposes, ot	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4400 C	0	Date of Receipt
Mailing Address 4460 Swenson	Street	08 08 7 2008
City	State Zip Code	Transaction ID: SA11AI.9720
Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
Mailing Address 4460 Swenson	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9792
Hilliard FEC ID number of contributing federal political committee.	OH 43026	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
Mailing Address 4460 Swenson	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilliard	State Zip Code OH 43026	Transaction ID: SA11AI.9874
FEC ID number of contributing federal political committee.	C 43020	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (op	tional)	45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any potenthe name and address of any political committee. CE COMPANY CIVIC FUND	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Stree City Hilliard FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General	State Zip Code OH 43026 C Occupation Assist. V. P. Aggregate Year-to-Date	Date of Receipt M M D D 2008 Transaction ID: SA11AI.9955 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date 240.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional	· I)	45.00

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) X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the report of the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		45.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N Apt. B208 City Plymouth FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify)	State Zip Code MN 55446 C Occupation V. P. Underwriting Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M / 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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 140 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\rangle	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			08 08 2008
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			08 / 22 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.9794
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		255.00	
	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9876
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	. P.	per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
_	SUBTOTAL of Receipts This Page (optional)	1		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 140 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\rangle	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
_	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			09 / 19 / 2008
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9957
	FEC ID number of contributing federal political committee.	C	43003	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
	Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt
	Mailing Address 825 West Price Street	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9513
	Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period 15.00
	Name of Employer lowa Mutual Ins. Co.	Occupation V. P. Cor	n nmercial Lines	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial)			Data of Descript
	Georgia Puls Mailing Address 825 West Price Street	t .		Date of Receipt 0 7 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9587
	Eldridge FEC ID number of contributing federal political committee.	C	52748	Amount of Each Receipt this Period 15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Cor	n mmercial Lines	Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
_	UBTOTAL of Receipts This Page (optional)	1		45.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 140 (check only one) X
or fo	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
F fe	ull Name (Last, First, Middle Initial) deorgia Puls dailing Address 825 West Price Street dity Eldridge EC ID number of contributing deeral political committee. dame of Employer owa Mutual Ins. Co. deceipt For: Primary General Other (specify)		Zip Code 52748 n mmercial Lines Year-to-Date 240.00	Date of Receipt M M
F fe	ull Name (Last, First, Middle Initial) leorgia Puls lailing Address 825 West Price Street lity Eldridge EC ID number of contributing ederal political committee. lame of Employer owa Mutual Ins. Co. leceipt For: Primary General Other (specify)		Zip Code 52748 n mmercial Lines Year-to-Date ▼ 255.00	Date of Receipt M M D D 2 2 2 2 0 0 8
F fe	ull Name (Last, First, Middle Initial) leorgia Puls lailing Address 825 West Price Street lity Eldridge EC ID number of contributing lederal political committee. lame of Employer lowa Mutual Ins. Co. leceipt For: Primary		Zip Code 52748 n mmercial Lines Year-to-Date ▼ 270.00	Date of Receipt M M M O D D O 2008 Transaction ID: SA11AI.9825 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
SUE	BTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street City Eldridge FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52748 C Occupation V. P. Commercial Lines Aggregate Year-to-Date 285.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village Driv City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	Date of Receipt O 7
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village Driv City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 140 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	nd Statements may not be sold or used by any person the name and address of any political committee to CE COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village D City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 240.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village D City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 255.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul J. Richards Mailing Address 4732 Golf Village D City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Assist. V. P. Aggregate Year-to-Date 270.00	Date of Receipt M M M O D D O C 2 0 0 8 Transaction ID: SA11AI.9877 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional	l)	45.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC		•	
Full Name (Last, First, Middle Initial) Paul J. Richards			Date of Receipt
Mailing Address 4732 Golf Village Di	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9958
Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Avenue			07 11 2008
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.9562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40000	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
Mailing Address 1026 Loch Ness Ave	enue		07 25 2008
City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.9637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45005	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		65.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
/	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue		08 / 08 / 2008
	City Worthington	State OH	Zip Code 43085	Transaction ID: SA11AI.9724 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz	_		Date of Receipt
	Mailing Address 1026 Loch Ness Avenue			08 22 YYYY 08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9796
	Worthington	ОН	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice Pres		Payroll deduction of \$25 per pay
	pany Receipt For:	+ +	e Year-to-Date ▼	
	Primary General Other (specify) ▼		425.00	
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue		09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9878
	Worthington F50 ID and the street was a section of the str	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice Pres	sident	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
	JBTOTAL of Receipts This Page (optional)			75.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 140 (check only one) X
or for cor	mmercial purposes, other than using the OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ MOT	TORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Rando	lame (Last, First, Middle Initial) olph A. Rudowicz			Date of Receipt
	ng Address 1026 Loch Ness Aven	nue		09 19 2008
City	thington	State OH	Zip Code 43085	Transaction ID: SA11AI.9959 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	43003	25.00
Name Motor pany	e of Employer rists Mutual Ins. Com-	Occupatio Vice Pre		Payroll deduction of \$25 per pay
Recei	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
Mr. Eu	lame (Last, First, Middle Initial) ugene Schneckloth ng Address 334 Country Club Cou	urt		Date of Receipt
	P. O. Box 46	urt		08 08 2008
City Eldri	dae	State IA	Zip Code 52748	Transaction ID: SA11AI.9681 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	32.140	125.00
Name Iowa	e of Employer Mutual Ins. Co.	Occupation Director	n	Payroll deduction of \$125 per quarter
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Jame (Last, First, Middle Initial) Karen L. Schultz			Date of Receipt
Mailin	ng Address 1116 Sommer Drive			07 11 2008
City	ooygan	State WI	Zip Code	Transaction ID: SA11AI.9519
FEC I	ID number of contributing al political committee.	C	53081	Amount of Each Receipt this Period 15.00
Name Wilso	e of Employer on Mutual Ins. Co.	Occupatio V. P. Un	n derwriting	Payroll deduction of \$15 per pay
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
SUBTO	TAL of Receipts This Page (optional) .	1		165.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only only)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date	Date of Receipt M M D D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation V. P. Underwriting Aggregate Year-to-Date	Date of Receipt M M M D D Y Y Y O N Y
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 102 / 140 (check only one) X
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	nan using the name and address of	any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ir Mrs. Karen L. Schultz Mailing Address 1116 Somr			Date of Receipt 0 9 0 5 2 0 0 8
City Sheboygan FEC ID number of contributing	WI 53	o Code 3081	Transaction ID: SA11AI.9831 Amount of Each Receipt this Period 15.00
Federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation V. P. Underwrit Aggregate Year-to		Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Ir Mrs. Karen L. Schultz Mailing Address 1116 Somr	, 		Date of Receipt 0 9 1 9 2 0 0 8
City Sheboygan FEC ID number of contributing		o Code 3081	Transaction ID: SA11AI.9913 Amount of Each Receipt this Period 15.00
federal political committee. Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwrit	ing	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 285.00	
Full Name (Last, First, Middle In Karen L. Schwartz Mailing Address 1252 Pond	itial) Hollow Lane		Date of Receipt
City New Albany		o Code 3054	Transaction ID: SA11AI.9563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to	o-Date ▼ 350.00	Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Pag	e (optional)		55.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 140 (check only one) X
or for c	ommercial purposes, other than using the ME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) MC	OTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Kare	Name (Last, First, Middle Initial) en L. Schwartz			Date of Receipt
Mai	ling Address 1252 Pond Hollow La	ne		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.9638
	w Albany	OH	43054	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		25.00
	ne of Employer torists Mutual Insurance npany	Occupatio Vice Pre		Payroll deduction of \$25 per pay
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
	Name (Last, First, Middle Initial) en L. Schwartz			Date of Receipt
Mai	ling Address 1252 Pond Hollow La	ne		0 8 0 8 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.9725
<u>Ne</u>	w Albany	OH	43054	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		25.00
Mot	ne of Employer forists Mutual Insurance	Occupatio Vice Pre		Payroll deduction of \$25 per pay
	mpany ceipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	Name (Last, First, Middle Initial) en L. Schwartz			Date of Receipt
Mai	ling Address 1252 Pond Hollow La	ne		08 22 2008
City	,	State	Zip Code	Transaction ID: SA11AI.9797
	w Albany	OH	43054	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	С		25.00
Mot <u>Cor</u>	ne of Employer orists Mutual Insurance npany	Occupatio Vice Pres	sident	Payroll deduction of \$25 per pay
Rec	eipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		425.00	
				75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCI	E COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow L	ane		09 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.9879
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt
	Mailing Address 1252 Pond Hollow L	ane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9960
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00 Payroll deduction of \$25
	Name of Employer Motorists Mutual Insurance	Occupation Vice Pre		per pay
	Company Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		475.00	
_	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire P	lace		07 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.9523
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	on	Payroll deduction of \$55 per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		770.00	
Г	SUBTOTAL of Receipts This Page (optional)	\		105.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 140 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	LOOMI ANT		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace		0 7 2 5 2 0 0 8
	City <u>Westlake</u>	State OH	Zip Code 44145	Transaction ID: SA11AI.9597 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Director	n	Payroll deduction of \$55 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 825.00	
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace		08 08 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.9680
	Westlake FEC ID number of contributing federal political committee.	C	44145	Amount of Each Receipt this Period 55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Director	n	Payroll deduction of \$55 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 880.00	
_	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace		0 8 2 2 2 0 0 8
	City Westlake	State OH	Zip Code 44145	Transaction ID: SA11AI.9756 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Director	n	Payroll deduction of \$55 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 935.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		165.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Mir. Robert C. Smith Mailing Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General OH 44145 FEC ID number of contributing federal political committee. Payroll deduction of \$55 per pay Date of Receipt Payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Anount of Each Receipt this Per payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Transaction ID: SA11AI.996 Anount of Each Receipt this Per payroll deduction of \$55 per payroll deduction of \$5	Use separate schedule(s for each category of the Detailed Summary Page	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 106 / 140 (check only one) X
Full Name (Last, First, Middle Initial) Milling Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorsts Mutual Ins. Co. Primary General Other (specify) Westlake OH 44145 Payroll deduction of \$55	and address of any political committ	or commercial purposes, other than using the name ar NAME OF COMMITTEE (In Full)	for the purpose of soliciting contributions
Mr. Robert C. Smilin Mailing Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General OH 44145 FEC ID number of contributing federal political committee. Name (Last, First, Middle Initial) Mr. Robert C. Smilin Mailing Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. C C C C C C C C C C C C C C C C C C C	MINT GIVIO FUIND		
City State Zip Code Transaction ID: SA11Al.983		Mr. Robert C. Smith	Date of Receipt
Westlake		Mailing Address 29270 Hampshire Place	
FEC ID number of contributing federal political committee. Name of Employer Motorsts Mutual Ins. Co. Receipt For:	·		Transaction ID: SA11AI.9835
Receipt For:		FEC ID number of contributing	55.00
Primary General 990.00 Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive City State Zip Code Director Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive City State Zip Code OH 43054 FEC ID number of contributing federal political committee. City State Zip Code OH 43054 FEC ID number of contributing federal political committee. Name of Employer OCcupation Assist. V. P. Receipt For: Primary General Occupation Assist. V. P. Receipt For: Primary General Occupation Assist. V. P. Receipt For: Primary General Occupation Aggregate Year-to-Date ▼	•	Name of Employer Motorists Mutual Ins. Co. Dire	- Payroll deduction of \$55 per pay
Mr. Robert C. Smith Mailing Address 29270 Hampshire Place City State Zip Code OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Director Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive City State Zip Code OH 43054 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Date of Receipt Payroll deduction of \$55 per pay Date of Receipt Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991 Transaction ID: SA11AI.991 Amount of Each Receipt this Perpay Transaction ID: SA11AI.991		Primary General	
City State Zip Code Westlake OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Primary General Other (specify) ▼ Code OH 43054 Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive City State Zip Code OH 43054 FEC ID number of contributing federal political committee. City State Zip Code OH 43054 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Name of Employer Motorists Mutual Ins. Company General Assist. V. P. Receipt For: Aggregate Year-to-Date ▼ Payroll deduction of \$55 Date of Receipt Transaction ID: SA11AI.956 Amount of Each Receipt this Petron ID: SA11AI.956 Amount of Each Receipt this Petron ID: SA11AI.956 Payroll deduction of \$15		,	Date of Receipt
Westlake OH 44145 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive City State Zip Code New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Page of Employer Motorists Mutual Ins. Company Receipt For: Primary General Occupation Assist. V. P. Aggregate Year-to-Date ▼ Payroll deduction of \$15 per pay Amount of Each Receipt this Per pay Payroll deduction of \$15 per pay		Mailing Address 29270 Hampshire Place	0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ City City Name of Employer Motorists Mutual Ins. Company PEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Occupation Occupation Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y D D D / Y Y Y D D D D D	•	•	
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook Drive Date of Receipt May 7 0 0 7 1 1 1 2 Transaction ID: SA11AI.956- New Albany OH 43054 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Occupation Assist. V. P. Aggregate Year-to-Date ▼ Payroll deduction of \$15 per pay		FEC ID number of contributing	55.00
Receipt For: Primary General Other (specify) ▼ 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. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.956 Amount of Each Receipt this Period Payroll deduction of \$15 per pay Payroll deduction of \$15	-	Name of Employer Occu Motorists Mutual Ins. Co. Dire	
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. Name of Employer Motorists Mutual Ins. Company Receipt Transaction ID: SA11AI.9564 Amount of Each Receipt this Perpay Payroll deduction of \$15 per pay Payroll deduction of \$15 per pay	gregate Year-to-Date ▼	Receipt For: Aggr Primary General	
City State Zip Code New Albany OH 43054 FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General State Zip Code Transaction ID: SA11AI.9564 Amount of Each Receipt this Petalogous Payroll deduction of \$15			Date of Receipt
New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary OH 43054 Amount of Each Receipt this Permany Payroll deduction of \$15		Mailing Address 6418 Summers Nook Drive	
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General C Occupation Assist. V. P. Aggregate Year-to-Date 210.00	·		Transaction ID: SA11AI.9564
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Occupation Assist. V. P. Aggregate Year-to-Date 210.00		FEC ID number of contributing	Amount of Each Receipt this Period 15.00
Primary General	sist. V. P.	pany ASSI	
		Primary General	
SUBTOTAL of Receipts This Page (optional)		JBTOTAL of Receipts This Page (optional)	125.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 140 (check only one) X
An	ny information copied from such Reports and Strong for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9639
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.	1		Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		0 8 0 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9726
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook	Drive		08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9798
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00	
		1		45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 140 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
۸.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook			09 05 2008
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.9880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10007	15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V		Payroll deduction of \$15 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
- s.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt
	Mailing Address 6418 Summers Nook Drive			0 9 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9961
	New Albany	OH	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Payroll deduction of \$15
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		per pay
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 285.00	
	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			07 11 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.9565
	New Albany FEC ID number of contributing federal political committee.	C	43054	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior V	n ice President	Payroll deduction of \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		55.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 109 / 140 (check only one) X
A 0	ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any po	plitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	1	
	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			07 25 2008
	City	State Zip Code		Transaction ID: SA11AI.9640
	New Albany	OH 43054		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice Presiden	t	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		375.00	
_	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: SA11AI.9727
	New Albany	OH 43054		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice Presiden	t	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			0 8 2 2 2 2 0 0 8
	City	State Zip Code		Transaction ID: SA11AI.9799
	New Albany	OH 43054		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice Presiden		Payroll deduction of \$25 per pay
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify)		425.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 140 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	and Statements may not be sold or used by any per g the name and address of any political committee CE COMPANY CIVIC FUND	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation Senior Vice President Aggregate Year-to-Date 450.00	Date of Receipt M M D D 2 0 0 8 Transaction ID: SA11AI.9881 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Receipt For: Primary Other (specify)	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M D D 2 0 0 8
SUBTOTAL of Receipts This Page (option	al)	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any perso the name and address of any political committee to E COMPANY CIVIC FUND	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Roa City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date 375.00	Date of Receipt 0 7 25 2008 Transaction ID: SA11Al.9641 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Roa City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date 400.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Roa City Glenford FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43739 C Occupation Vice President Aggregate Year-to-Date 425.00	Date of Receipt M M M / 22 / 2008 Transaction ID: SA11Al.9800 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 140 (check only one) X
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		COMPANT	SIVIC FUND	
. Tai	ll Name (Last, First, Middle Initial) mera A. Stephens			Date of Receipt
	iling Address 8816 Cooks Hill Road			09 05 7 2008
Cit; GI	y enford	State OH	Zip Code 43739	Transaction ID: SA11AI.9882 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		25.00
	me of Employer otorists Mutual Insurance ompany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Tai	ll Name (Last, First, Middle Initial) mera A. Stephens			Date of Receipt
Ма	iling Address 8816 Cooks Hill Road	09 19 2008		
Cit	•	State	Zip Code	Transaction ID: SA11AI.9963
FE	enford C ID number of contributing leral political committee.	OH C	43739	Amount of Each Receipt this Period 25.00
Mo	me of Employer otorists Mutual Insurance ompany	Occupation Vice Pres		Payroll deduction of \$25 per pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
	II Name (Last, First, Middle Initial) . Van Stewart			Date of Receipt
Ма	iling Address 7703 Timber Ridge Dr	rive		07 11 2008
Cit	•	State	Zip Code	Transaction ID: SA11AI.9567
FE	owell C ID number of contributing leral political committee.	OH C	43065	Amount of Each Receipt this Period 15.00
Mo	me of Employer otorists Life Insurance Impa	Occupation Assist. V	n . P., Life Underwriting	Payroll deduction of \$15 per pay
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
CUP	FOTAL of Receipts This Page (optional)	1		65.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D	Orive	07 25 2008
	City	State Zip Code	Transaction ID: SA11AI.9642
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
_	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D	08 08 2008	
	City	State Zip Code	Transaction ID: SA11AI.9729
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
_	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D	Prive	08 22 YYYY 2008
	City	State Zip Code	Transaction ID: SA11Al.9801
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	
Г			45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 140 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	WOTONISTS WOTOAL INSUNANCE	COMPANT		
	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	Orive		09 05 7 2008
	City Powell	State OH	Zip Code	Transaction ID: SA11AI.9883
	FEC ID number of contributing federal political committee.	C	43065	Amount of Each Receipt this Period
	Name of Employer Motorists Life Insurance Compa Receipt For: Primary General Other (specify)	Occupation Assist. V	n 7. P., Life Underwriting e Year-to-Date ▼ 270.00	Payroll deduction of \$15 per pay
_	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge D	0 9 1 9 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.9964
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V	n '. P., Life Underwriting	Payroll deduction of \$15 per pay
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	
	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
	Mailing Address 3264 Arctic Avenue			0 7 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9568
	Lewis Center	OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V	′. P.	Payroll deduction \$25 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	L		55.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 140 (check only one) X 11a
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) IOTORISTS MUTUAL INSURANCE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/Fı	ull Name (Last, First, Middle Initial) r. Craig Thompson	OOM AN	SIVIO I GIVD	Date of Receipt
M	ailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci L	ty ewis Center	State OH	Zip Code 43035	Transaction ID: SA11AI.9643 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	10000	25.00
pa	ame of Employer otorists Mutual Ins. Com- any	Occupation Assist. V		Payroll deduction of \$25 per pay
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	
M	ull Name (Last, First, Middle Initial) r. Craig Thompson ailing Address 3264 Arctic Avenue			Date of Receipt
				08 2008
Ci	•	State OH	Zip Code	Transaction ID: SA11AI.9730
FE	ewis Center C ID number of contributing deral political committee.	C	43035	Amount of Each Receipt this Period 25.00
M <u>pa</u>	ame of Employer otorists Mutual Ins. Com- any	Occupation Assist. V		Payroll deduction of \$25 per pay
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
	ull Name (Last, First, Middle Initial) r. Craig Thompson			Date of Receipt
M	ailing Address 3264 Arctic Avenue			08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	ty	State	Zip Code	Transaction ID: SA11AI.9802
	ewis Center	OH	43035	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		25.00 Payroll deduction of \$25
M <u>pa</u>	ame of Employer otorists Mutual Ins. Com- any	Occupation Assist. V	. P.	per pay
H	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00	
SUB	TOTAL of Receipts This Page (optional)			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 140 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 450.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 3264 Arctic Avenue City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43035 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 475.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City Grove City FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43123 C Occupation Assistant VP Aggregate Year-to-Date 210.00	Date of Receipt M M O 8 O 8 2 0 0 8 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

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 1
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
۷.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
	Mailing Address 5444 Spring Hill Road	t		08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9803
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	-		Date of Receipt
	Mailing Address 5444 Spring Hill Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9885
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		240.00	
_	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
	Mailing Address 5444 Spring Hill Road	<u></u>		09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9966
	Grove City FEC ID number of contributing	OH	43123	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		Payroll deduction of \$15 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		255.00	
	SUBTOTAL of Receipts This Page (optional) .			45.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	E COMPANY (CIVIC FUND	
Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
Mailing Address 919 Byron Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43227	Transaction ID: SA11AI.9571
FEC ID number of contributing federal political committee.	C	45221	Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
Mailing Address 919 Byron Avenue	07 25 YYYYY		
City Columbus	State OH	Zip Code 43227	Transaction ID: SA11AI.9645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40221	35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
Mailing Address 919 Byron Avenue			0 8 0 8 2 0 0 8
City Columbus	State OH	Zip Code	Transaction ID: SA11AI.9732
FEC ID number of contributing federal political committee.	C	43227	Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres	sident	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)	\		105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ory of the
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt
	Mailing Address 3249 Scioto Run Blvc		0 7 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9572
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	Payroll deduction of \$25 per pay
	Company Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00
	Full Name (Last, First, Middle Initial) Richard J. Walton	l	Date of Receipt
	Mailing Address 3249 Scioto Run Blvo		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9646
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00
	Full Name (Last, First, Middle Initial) Richard J. Walton	I	Date of Receipt
	Mailing Address 3249 Scioto Run Blvo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9733
	<u>Hilliard</u>	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00
		1	75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
_	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blvd		7.0.1	08 22 2008
	City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11AI.9805
	FEC ID number of contributing	C	43020	Amount of Each Receipt this Period 25.00
	federal political committee. Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction of \$25 per pay
	Motorists Mutual Insurance Company	Vice Pres	sident	por pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		425.00	
	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blvd	l.		09 05 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9886
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt
	Mailing Address 3249 Scioto Run Blvd	l.		09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.9967
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction of \$25 per pay
	Receipt For:	Aggregate	Year-to-Date ▼	_ [
	Primary General Other (specify) ▼	0 0	475.00	
		1		75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 140 (check only one) X
Ar	ny information copied from such Reports and Strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
_	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.			07 11 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.9573
	Columbus FEC ID number of contributing	OH C	43235	Amount of Each Receipt this Period 20.00
	federal political committee.			Payroll deduction of \$20
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		per pay
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	1		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.			07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.9647
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice Pres		Payroll deduction of \$20 per pay
	Company Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.			08 08 YYYYY 08 08 2008
	City	State	Zip Code	Transaction ID: SA11AI.9734
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Occupation Motorists Mutual Insurance Vice President			Payroll deduction of \$20 per pay
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		320.00	
_		1		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
	Mailing Address 7105 Lakebrook Blvd	l.		08 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.9806
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice Pre		Payroll deduction of \$20 per pay
	Company Receipt For:	1 1100 1 10	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	-		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd	l.		09 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.9887
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$20 per pay
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.			0 9 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.9968
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pre		Payroll deduction of \$20 per pay
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		380.00	
	JBTOTAL of Receipts This Page (optional)			60.00

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) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 560.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 600.00	Date of Receipt M M Z D Z D Z D O 8 Transaction ID: SA11AI.9594 Amount of Each Receipt this Period 40.00 Payroll deduction of \$40 per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 640.00	Date of Receipt M M D D 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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 680.00	Date of Receipt M M Z 2 Z Z Z D 0 8 Transaction ID: SA11AI.9753 Amount of Each Receipt this Period 40.00 Payroll deduction of \$40 per pay
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 720.00	Date of Receipt M M O D D O D O D O D O D O D O D O D O
Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street City Sheboygan FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code WI 53081 C Occupation President Aggregate Year-to-Date 760.00	Date of Receipt M M J D D J 2008 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

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	d Statements may not be sold or used by any personant the name and address of any political committee to E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive City Bettendorf FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52722 C Occupation V. P. Claims Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive City Bettendorf FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52722 C Occupation V. P. Claims Aggregate Year-to-Date 225.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive City Bettendorf FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	State Zip Code IA 52722 C Occupation V. P. Claims Aggregate Year-to-Date 240.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	45.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Check only one)
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive City Bettendorf FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General	State Zip Code IA 52722 C Occupation V. P. Claims Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 2 2 0 0 8
Other (specify) Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive City	State Zip Code	Date of Receipt M
Bettendorf FEC ID number of contributing federal political committee. Name of Employer lowa Mutual Ins. Co. Receipt For:	Occupation V. P. Claims Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Edward Wetzel Mailing Address 4918 Norfolk Drive	270.0	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bettendorf FEC ID number of contributing federal political committee.	State Zip Code IA 52722	Amount of Each Receipt this Period 15.00
Name of Employer lowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation V. P. Claims Aggregate Year-to-Date ▼	Payroll deduction of \$15 per pay
SUBTOTAL of Receipts This Page (optional)	1	45.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 140 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commerc	n copied from such Reports and Stial purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MOTORIS	STS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
Charles A. W				Date of Receipt
Mailing Add	ress 5519 Medallion Drive	W.		07 11 2008
City		State	Zip Code	Transaction ID: SA11AI.9574
Westervill	e nber of contributing	OH	43082	Amount of Each Receipt this Period
	ical committee.	C		30.00
Name of En Motorists M Company	nployer utual Insurance	Occupation Senior Vi	n ice President	Payroll deduction of \$30 per pay
Receipt For		Aggregate	e Year-to-Date ▼	
Prima Other	ry	0 0	420.00	
Charles A. W		Date of Receipt		
Mailing Add	ress 5519 Medallion Drive	07 25 YYYY 2008		
City		State	Zip Code	Transaction ID: SA11AI.9648
Westervill		OH	43082	Amount of Each Receipt this Period
federal politi	nber of contributing ical committee.	C		30.00 Payroll deduction of \$30
	nployer lutual Insurance	Occupation Senior V	n ice President	per pay
Company Receipt For	:	1	e Year-to-Date ▼	
Prima Other	ry		450.00	
,	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
Mailing Add	ress 5519 Medallion Drive	08 08 YYYYY 08 08 2008		
City		State	Zip Code	Transaction ID: SA11AI.9735
Westervill		OH	43082	Amount of Each Receipt this Period
federal politi	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Senior Vice President			30.00 Payroll deduction of \$30
Motorists M <u>Company</u>			per pay	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 480.00	
				90.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 140 (check only one) X
or for com	nation copied from such Reports and smercial purposes, other than using the OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	DRISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Charles	me (Last, First, Middle Initial)			Date of Receipt
	Address 5519 Medallion Drive	VV.		08 / 22 / 2008
City Weste	arvilla	State OH	Zip Code 43082	Transaction ID: SA11AI.9807 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	45062	30.00
Compa Receip	of Employer sts Mutual Insurance any t For: Primary General Other (specify)		ice President e Year-to-Date ▼ 510.00	Payroll deduction of \$30 per pay
	ume (Last, First, Middle Initial) s A. Wickert	Date of Receipt		
Mailing	Address 5519 Medallion Drive	09 05 2008		
City		State	Zip Code	Transaction ID: SA11AI.9888
Weste	erville	OH	43082	Amount of Each Receipt this Period
	number of contributing political committee.	C		30.00
Name of Motoris	of Employer sts Mutual Insurance any	Occupation Senior V	n ice President	Payroll deduction of \$30 per pay
Receip	t For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	540.00	
	nme (Last, First, Middle Initial) s A. Wickert	Date of Receipt		
Mailing	Address 5519 Medallion Drive	09 19 2008		
City		State	Zip Code	Transaction ID: SA11AI.9969
Weste		ОН	43082	Amount of Each Receipt this Period
	number of contributing political committee.	C		30.00 Payroll deduction of \$30
Motoris <u>Compa</u>	Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President		per pay	
	rt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 570.00	
				90.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date 225.00	Date of Receipt M M D D D 25 2008 Transaction ID: SA11AI.9649 Amount of Each Receipt this Period 15.00 Payroll deduction of \$15 per pay
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date 240.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		45.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 255.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State Zip Code OH 43074 C Occupation Assist. V. P. Aggregate Year-to-Date ▼ 285.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	······	45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 140 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company	State OH C Occupation Treasurer	Zip Code 43065	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop			Date of Receipt 0 7 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.9650
Powell	OH	43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00 Payroll deduction of \$35
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer		per pay
Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
Mailing Address 90 Timberknoll Loop		71.0	08 08 2008
City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.9737
FEC ID number of contributing federal political committee.	C	43003	Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Treasurer Aggregate Y	rear-to-Date ▼ 560.00	Payroll deduction of \$35 per pay
SUBTOTAL of Receipts This Page (optional)			105.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date ▼ 595.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt M M O D D O D O D O D O D O D O D O D O
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43065 C Occupation Treasurer Aggregate Year-to-Date 665.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	or only)	105.00

В.

President

District: 12

19e# 20332230072				
SCHEDULE B (FEC Form 3X)	Use separate schedule	e(S) (check onl	NUMBER:	PAGE 133 / 140
TEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	e là l	22 X 23 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COI	MPANY CIVIC FUND			
Full Name (Last, First, Middle Initial) Steve Stivers for U S Congress Mailing Address 372 West 2nd Avenue			Transaction ID: S Date of Disburseme	
City Columbus Purpose of Disbursement Contribution	State Zip Code OH 43201	011	Amount of Each Dis	sbursement this Period
Candidate Name Steve Stivers for U S Congress		Category/ Type		
Office Sought: X House Disburs Senate President State: OH District: 15	ement For: 2008 Primary X Gener Other (specify)	ral		
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS			Transaction ID: 5 Date of Disburseme	ent
Mailing Address 2021 E Dublin Granville Suite 2000	Road		0 9 1 5	Y 2008
City Columbus	State Zip Code OH 43229		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution		012		1000.00
Candidate Name TIBERI FOR CONGRESS		Category/ Type		
Office Sought: X House Disburs Senate	ement For: 2008 Primary X Gener	al		

SUBTOTAL of Disbursements This Page (optional)	>	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	2000.00

Other (specify)

State: OH

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 134 / 140
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	IPANY CIVIC FUND		
<u> </u>	Full Name (Last, First, Middle Initial) Batchelder for Representative Committee			Transaction ID: SB29.9581 Date of Disbursement
	Mailing Address 105 West Liberty Street			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
	City Medina	State Zip Code OH 44256		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	500.00
	Candidate Name Batchelder for Representative Committee		Category/ Type	
	Senate President	ement For: 2008 Primary X General Other (specify)		
	State: OH District: 69			
	Full Name (Last, First, Middle Initial) Citizens for Gibbs			Transaction ID: SB29.9895 Date of Disbursement
	Mailing Address 6992 TR 466			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City Lakeville	State Zip Code OH 44638		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	500.00
	Candidate Name Citizens for Gibbs		Category/ Type	
	Office Sought: House Disburse Senate President State: OH District: 22	ement For: 2008 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) Citizens for Sears			Transaction ID: SB29.9505 Date of Disbursement
	Mailing Address 6711 Monroe Street Building 3 Suite D			$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}$
	City Sylvania	State Zip Code OH 43560		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	250.00
	Candidate Name Citizens for Sears		Category/ Type	
	Senate President	ement For: 2008 Primary X General Other (specify)		
	State: OH District: 46			
	UBTOTAL of Disbursements This Page (optional)			1250.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 135 / 140
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
ny Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	me and address of any politica		
Full Name (Last, First, Middle Initial)			
Citizens for Wagoner			Transaction ID: SB29.9504 Date of Disbursement 0 7 0 3 2 0 0 8
Mailing Address 7445 Airport Highway			$\begin{bmatrix} 0 & 7 & 0 & 7 & 0 & 0 & 0 & 0 & 0 & 0 &$
City Holland	State Zip Code OH 43528		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution Candidate Name		011	250.00
Citizens for Wagoner		Category/ Type	
X Senate President	rsement For: 2008 Primary X General Other (specify) ▼		
State: OH District: 02 Full Name (Last, First, Middle Initial)			T .: ID 0000 0500
Coleman for Columbus			Transaction ID: SB29.9500 Date of Disbursement
Mailing Address P O Box 1596			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43216		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	150.00
Candidate Name Coleman for Columbus		Category/ Type	
Office Sought: Senate President State: OH Disbut	rsement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Committee for Jim Hughes			Transaction ID: SB29.9665 Date of Disbursement
Mailing Address 14 East Gay Street 2nd Floor			08 / 08 / 2008
City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	500.00
Candidate Name Committee for Jim Hughes		Category/ Type	
Office Sought: X House Disbu Senate President	sement For: 2008 Primary X General Other (specify) ▼	•	
State: OH District: 22			
			900.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s)			INE NUMBE								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		F	21b 27		22 28a	П	23 28b	24 28c	X	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny persoi		the pu		se of s	oliciting c	ontrib	utions		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	IPANY CIVIC FUND												
Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Mailing Address 1238 Township Road 150	06					Date of	of Di	isburs	SB29		B 0 0 8	3 ^Y	
City	State Zip Code					Amou	nt o	f Each	Disburse	ement	this f	Period	
Ashland Purpose of Disbursement Contribution Candidate Name	OH 44805		_	011 egory/						5	00.00	0	
Senate President	ment For: 2008 Primary X General Other (specify)			ype									
State: District: Full Name (Last, First, Middle Initial) Committee to Elect Niehaus Mailing Address 1131 Little Indiana Creek	Road					Date		isburs	SB29 ement		9 0 ð 8	B Y	
•	State Zip Code OH 45157-960	2				Amou	nt o	f Each	Disburse	ment	this f	Period	
Purpose of Disbursement Contribution Candidate Name Committee to Elect Niehaus			at	011 egory/ ype		<u></u>		•		5	00.0	0	
	ment For: 2008 Primary X General Other (specify)	-		уре									
Full Name (Last, First, Middle Initial) Committee to Elect Randy Cole						Date	of Di	isburs					
Mailing Address 2399 Amesbury Road						o ^M 9	M	[′] □ C	5 /	ž	οŏε	3 Y	
	State Zip Code OH 44313					Amou	nt o	f Each	Disburse	-			
Purpose of Disbursement Contribution			_)11					5	00.0	0		
Candidate Name Committee to Elect Randy Cole				egory/ ype									
Senate President	ment For: 2008 Primary X General Other (specify)												
State: OH District: SUBTOTAL of Disbursements This Page (optional) .				•			•	•		150	0.00	0	

TOTAL This Period (last page this line number only)

		3 (FEC Form	· U:		rate schedule(s)			E NUMBER: PAGE 137 / 14
ITEM	MIZED DIS	SBURSEMEN	ITS fo	r each c	category of the Summary Page		check onl 21b 27	y one) 22
								for the purpose of soliciting contributions olicit contributions from such committee
NAI /	ME OF COM	MITTEE (In Full) MUTUAL INSURA				COMM		ondi contributions from such committee
	l Name (Last, ends of Fab	First, Middle Initial) er						Transaction ID: SB29.9580 Date of Disbursement
Mail	iling Address	7706 State Rou	ute 703					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Cel	y Ilina		State OH)	Zip Code 45822			Amount of Each Disbursement this Per
Con	rpose of Disbuntribution ndidate Name	rsement				_	11	350.00
Frie	ends of Fab	er House	Disbursemen	t For	2008		egory/ ype	
	-	X Senate President	Prir	nary	X General cify) ▼			
Full	•	District: 12 First, Middle Initial) Sadler Committee						Transaction ID: SB29.9583 Date of Disbursement
	iling Address	100 South Thir	d Street					07 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Col	y Iumbus		State)	Zip Code 43215			Amount of Each Disbursement this Per
Con	rpose of Disbu	rsement				0	11	400.00
	ndidate Name dge Lisa L. S	Sadler Committee					egory/ ype	
	ice Sought:	House Senate President		nary	2008 X General cify) ▼			
Full	, .	District: First, Middle Initial)	0					Transaction ID: SB29.9508
	iling Address	oublican Campaign 100 East Broad						Date of Disbursement 0 7
City	y Ilumbus	Suite 2225	State)	Zip Code 43215			Amount of Each Disbursement this Per
Pur	rpose of Disbu htribution	rsement	UH		4 0410	0	11	2500.00
Car	ndidate Name					Cate	egory/ ype	
·			Disbursemen	for:	2008			
	ice Sought:	House Senate President District:	Prir	nary er (spe	X General cify) ▼			

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		_		NUMBI	ER:			I	PAGE	138	140
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		À	eck onl 21b 27	22 28a		23 28b		24 28		25 29	
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam													3
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM													
	Full Name (Last, First, Middle Initial) OIIPAC						Tran Date				SB2	9.98 ⁻	14	
	Mailing Address 172 East State Street P. O. Box 816						o ^M 8	М	/ [2	^D /	Y	ž o ŏ 8	3 ^Y
	City Columbus	State OH	Zip Code 43216				Amo	unt o	f Ea	ch I	Disbur		nt this f	-
	Purpose of Disbursement Contribution			Г	01	1	L.			-		1	0.000	0
	Candidate Name OIIPAC				ateg Typ	,								
	Senate President	ement For: Primary Other (spe	2008 X General cify) ▼											
_	State: District:													
	Full Name (Last, First, Middle Initial) PIAPAC						Tran Date			rse		9.990)1	
	Mailing Address 400 N. Washington St.						0 ^M 9	М	/ [1	5 /	Y 2	ž 0 ŏ 8	3 Y
	City Alexandria	State VA	Zip Code 22314-2353				Amo	unt o	f Ea	ch l	Disbur	seme	nt this f	Period
	Purpose of Disbursement Political Contribution			Г	01	1	L.		_				500.0	0
	Candidate Name PIAPAC				ateg Typ	-								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	2008 X General cify) V											
	Full Name (Last, First, Middle Initial) Schuler Campaign Committee						Date	of D	isbu	rse				
	Mailing Address 3648 Jeffrey Court						0 ^M 8	М	/ [0	8 /	Y	ž o ŏ 8	3 Y
	City Cincinnati	State OH	Zip Code 45236				Amo	unt o	f Ea	ch I	Disbur	semei	nt this f	Perio
	Purpose of Disbursement Contribution			Г	01 ⁻	1	L.	_	_	-			500.0	0
	Candidate Name Schuler Campaign Committee				ateg Typ	-								
	X Senate President	ement For: Primary Other (spe	2008 X General cify) V											
_	State: OH District: 07									_				
	SUBTOTAL of Disbursements This Page (optional)					•						20	0.00	0

S	CHEDULE B (FEC Form 3)	() Use separate schedule(s)		NUMBER: PAGE 139 / 140
IT	EMIZED DISBURSEMENTS		(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and for commercial purposes, other than using	•		· · ·
\rangle	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND		
	Full Name (Last, First, Middle Initial) Seitz for State Representative Mailing Address 4401 Abby Court			Transaction ID: SB29.9662 Date of Disbursement O 8 O 0 8 O 0 8
	City Cincinnati	State Zip Code OH 43248		Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution		011	
	Candidate Name Seitz for State Representative		Category/ Type	
	Office Sought: X House Senate President State: OH District: 30	Disbursement For: 2008 Primary X General Other (specify) ▼		

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

TEMIZED INDEPENDENT EXPEN	NDITURES	PAGE 140 / 140 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
MOTORISTS MUTUAL INSURANCE COMPANY (CIVIC FUND	C C00336834
Check if 24-hour notice 48-hour r	notice	
Full Name (Last, First, Middle, Initial) of Payee		Date
Motorists Mutual Insurance Company		0 9 / D D / Y Y Y Y Y Y Y
Mailing Address		Amount
471 East Broad Street		39.03
City	State Zip Code	Transaction ID: SE.9904
Columbus	OH 43215	Office Sought: House State:
Purpose of Expenditure Cost to Admin/email support of candidate	Category/ Type 001	Senate District: Presidential
Name of Federal Candidate supported or Oppose	ed by expenditure:	Check One: X Support Oppose
Maureen O'Conner	, ,	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	39.03	Other (specify) : 2008

(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 he or at the request or suggestion of, any candidate or authorized committee or ag committee) any political party committee or its agent.	•	
Michael L. Wiseman Signature	Date 10 06	2008