Image# 14961492749				PAGE 1 / 44
FEC AN	PORT OF REC D DISBURSEN Other Than An Authorized	<b>IENTS</b>	0#	
1. NAME OF <b>TYP</b>	E OR PRINT V Exa	mple: If typing, type		se Only
COMMITTEE (in full)		the lines.	12FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different				
them menuiously	OLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE
C C00336834	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)		May 20 (M5) Jun 20 (M6) Jul 20 (M7) Primary (12P)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31	PRE-Election Report for the:	Convention (12C)	Special (12S)	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day	General (30G)	Runoff (30R)	Special (30S)
(TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y 01 2014	through 06	/ D D / Y Y 30 20	14
I certify that I have examined this Re		vledge and belief it is tru	e, correct and comple	ete.
Type or Print Name of Treasurer M Signature of Treasurer	lichael L. Wiseman Wiseman	[Electronically Filed] D	ate 07 02	2 / Y Y Y Y Y 2014
NOTE: Submission of false	or incomplete information and	hight the person similar th	in Donort to the result	ion of 0.11.0.0.0407
NOTE: Submission of false, erroneous, Office Use Only	or incomplete information may su	bject the person signing th	FEC	<b>FORM 3X</b> Rev. 12/2004

#### 07/02/2014 09 : 41

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 04	M / D D / Y Y Y Y 01 2014 To:	06 / D D / Y Y Y Y Y 06 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		33086.11
	(b) Cash on Hand at Beginning of Reporting Period	38057.81	
	(c) Total Receipts (from Line 19)	8633.60	18955.30
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	46691.41	52041.41
7.	Total Disbursements (from Line 31)	2000.00	7350.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44691.41	44691.41
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

Image#	14961492751
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#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 04	01 2014 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3980.60	5121.10
(i) Itemized (use Schedule A)	3980.80	5121.10
(ii) Unitemized	4653.00	13834.20
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	8633.60	18955.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	8633.60	18955.30
Totals to Line 33, page 5)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		,,,
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7 8	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(,, , , , , , , , , , , , , , , , , , ,		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	8633.60	18955.30
12, 10, 14, 10, 10, 17, and 10(0)	0000.00	10933.30
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	8633.60	18955.30

#### DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.0
Than Political Committees		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.0
(such as PACs)	0.00	0.0
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.0
(add Lines 20(a), (b), and (c))		
Other Disbursements	2000.00	7350.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ►</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	2000.00	7350.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2000.00	7350.00

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I

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	8633.60	18955.30
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	8633.60	18955.30
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page		<b>X</b> 11a		11b	11c		12					
Δr	y information copied from such Reports and	Statements m	av not be sold or used by any n		13 for the		14	15 solicitin		16 Intribut	17 ions				
	for commercial purposes, other than using th														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND												
A.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt								
	Mailing Address 5658 Tynecastle Loop				M = M / D = D / Y = Y = Y = Y 04 11 _ 2014 _										
	City Dublin	State OH	Zip Code 43016	_				SA11AI Receipt th							
	FEC ID number of contributing federal political committee.	С					,	<b>.</b>	_	40	.00				
	Name of Employer Motorists Life Insurance Compa	Occupation President M			payroll d	ledu	ction of	\$40							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]											
в.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of Receipt										
	Mailing Address 5658 Tynecastle Loop						04 25 2014								
	City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.20959           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	s and the second s									40.00				
	Name of Employer Motorists Life Insurance Compa	Occupation President M			payroll de	edu	ction of	\$40							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]											
с.	Full Name (Last, First, Middle Initial) Michael J. Agan				Date of	Re	ceipt								
	Mailing Address 5658 Tynecastle Loop				м м 05	1	09			ү 014	Y				
	City Dublin	State OH	Zip Code 43016					SA11AI Receipt th							
	FEC ID number of contributing federal political committee.	С					<u>л_г</u>		_	40	.00				
	Name of Employer	Occupation	1		payroll d	ledu	ction of	\$40							
	Motorists Life Insurance Compa	President N	/LIC												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]											
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,			120.	00				
т	OTAL This Period (last page this line number	only)		•			,								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements make name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial)         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing	State OH	Zip Code 43016	Date of Receipt
federal political committee.          Name of Employer         Motorists Life Insurance Compa         Receipt For:	Occupation President N		payroll deduction of \$40
Full Name (Last, First, Middle Initial)         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Life Insurance Compa         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation President M Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial)         C.         Michael J. Agan         Mailing Address 5658 Tynecastle Loop         City         Dublin         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Life Insurance Compa         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation President M Aggregate		Date of Receipt 06 20 2014 Transaction ID : SA11AI.21252 Amount of Each Receipt this Period 40.00 payroll deduction of \$40
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			120.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	for commercial purposes, other than using the			to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND				
A.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt			
	Mailing Address 2746 Sandhurst Dr.			04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.20961 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		payroll deduction for \$25			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00				
в.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt			
	Mailing Address 2746 Sandhurst Dr.	05 09 _2014 _					
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.21111 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		<ul> <li>payroll deduction for \$25</li> </ul>			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
c.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt			
	Mailing Address 2746 Sandhurst Dr.			05 23 2014			
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.21183 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer	payroll deduction for \$25					
	Motorist Mutual Ins. Co. Receipt For: Primary General	Assistant V Aggregate	'P Year-to-Date ▼	_			
	Other (specify)	L	275.00				
	UBTOTAL of Receipts This Page (optional)		· ·	75.00			
Т	<b>OTAL</b> This Period (last page this line number	only)	••••••				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND	
Α.				Date of Receipt
	Mailing Address 2746 Sandhurst Dr.	State	Zin Code	06 / D D / Y Y Y Y 06 2014
	Lewis Center	OH	Zip Code 43035	Transaction ID : SA11AI.21253           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		— payroll deduction for \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt
	Mailing Address 2746 Sandhurst Dr.			06 20 2014
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.21254 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant V		— payroll deduction for \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
c.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers			Date of Receipt
	Mailing Address S86 W33540 Short Drive			04 25 2014
	City Mukwonago	State WI	Zip Code 53149-9306	Transaction ID : SA11AI.20962 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	1	contribution of \$125	
	Wilson Mutual Ins. Co. Receipt For:	_		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	175.00
Т	<b>OTAL</b> This Period (last page this line number	only)	••••••	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
or for commercial purposes, other than	orts and Statements may not be sold or used by any using the name and address of any political commit						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL I	NSURANCE COMPANY CIVIC FUN	ID					
Full Name (Last, First, Middle Initial) A. Mrs. Annette Braet	)	Date of Receipt					
Mailing Address 1831 265th Street		05 23 2014					
City Calamus	State Zip Code IA 52729	Transaction ID : SA11AI.21185					
		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation	payroll deduction of \$20					
lowa Mutual Ins. Co.	V. P. Info Tech.						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	220.00						
Full Name (Last, First, Middle Initial) B. Mrs. Annette Braet	)	Date of Receipt					
Mailing Address 1831 265th Street	06 06 _2014 _						
City	State Zip Code	Transaction ID : SA11AI.21257					
Calamus	IA 52729	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation	payroll deduction of \$20					
Iowa Mutual Ins. Co.	V. P. Info Tech.						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00						
Full Name (Last, First, Middle Initial) C. Mrs. Annette Braet	)	Date of Receipt					
Mailing Address 1831 265th Street							
City	State Zip Code	Transaction ID : SA11AI.21258					
Calamus	IA 52729	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	S S S S S S S S S S S S S S S S S S S						
Name of Employer	Name of Employer Occupation						
Iowa Mutual Ins. Co.	V. P. Info Tech.						
Receipt For:	Aggregate Year-to-Date ▼						
Primary     General       Other (specify) ▼	260.00						
	otional)						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.				Date of Receipt
	Mailing Address 5760 Whispering Trail	State	Zip Code	04 25 2014 Transaction ID : SA11AI.20979
	Galena	OH	43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	payroll deduction of \$25
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		225.00	
B.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			05 09 2014
	City	State OH	Zip Code	Transaction ID : SA11AI.21120
	Galena	ОП	43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Mark	n keting Services & PL	payroll deduction of \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y Y 05 23 2014
	City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.21189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	payroll deduction of \$25
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		275.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
Т	OTAL This Period (last page this line number of	only)	••••••	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check	a	one) 11b	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the			rson for	the pu	irpose o	f soliciting	g con	tributio	ons
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA				conta					
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail			M	М	leceipt	D / Y		Ŷ	Y
City State Galena OH			Zip Code 43021	Tr			: <b>SA11AI</b> . Receipt th		5	
	FEC ID number of contributing federal political committee.	С		pavr	oll dec	luction o	f \$25	_	25.0	00
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		xeting Services & PL Year-to-Date ▼ 300.00	payi			1 923			
в.	Full Name (Last, First, Middle Initial)         Mr. Grady Campbell         Mailing Address 5760 Whispering Trail			M	e of F	eceipt	D / Y	201	¥	Y
	City Galena	State OH	Zip Code 43021	Tr	ansac	tion ID :	<b>SA11AI.</b> Receipt th	2126	6	
	FEC ID number of contributing federal political committee.	С				1 Each 1	,		25.0	00
	Name of Employer Motorists Mutual Ins. Co. Receipt For:		xeting Services & PL Year-to-Date ▼	— payro	oll ded	uction of	\$25			
	Primary General Other (specify) ▼		325.00							
C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd			М	e of F	leceipt	D / Y	201	Y 14	Y
	City Englewood	State FL	Zip Code 34224				<b>: SA11AI</b> Receipt th	.2099	6	
	FEC ID number of contributing federal political committee.	C				9			70.2	10
	Name of Employer Motorists Mutual Insurance Co. Receipt For:	Occupation Director		payroll deduction of \$70.10						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 635.80							
s	UBTOTAL of Receipts This Page (optional)		•			7			120.1	0
Т	OTAL This Period (last page this line number	only)					1.40			

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	`	eck only	1	, I1b	11c		12		
Ar	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	rson f	13 for the I	purpo	se of	15 soliciting	g cont	ributic	17 Ins	
or	for commercial purposes, other than using the	ddress of any political committee	to so	licit con	itribul	tions	from suc	h com	mittee	9.		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Rece	eipt					
	Mailing Address 9240 Griggs Rd			M M / D D / Y Y Y Y Y 04 25 2014								
	City Englewood	State FL	Zip Code 34224					SA11AI Receipt th	.20994	4		
	FEC ID number of contributing federal political committee.	С			Anount	01 L			113 1 6	75.0	0	
	Name of Employer	Occupation Director		p	ayroll de	educt	tion of	\$75				
	Motorists Mutual Insurance Co. Receipt For:		Versite Data 🗖	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 710.80									
B	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Bece	eint					
	Mailing Address 9240 Griggs Rd				04	/	25		_ 201	Y Y 4	1	
	City	State	Zip Code			actio		SA11AI.				
	Englewood	FL	34224		Amount	of E	ach F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С	70.10									
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director		— pa	ayroll de	educti	ion of	\$70.10				
	Receipt For:		Vear-to-Date V	_								
	Primary General Other (specify) ▼											
— c.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Rece	eipt					
-	Mailing Address 9240 Griggs Rd				м м 05	/	D 09		201	ү ү 4	1	
	City	State	Zip Code			actio		SA11AI				
	Englewood	FL	34224		Amount	of E	ach F	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С			ovroll d	, oduci	tion of	\$70.10	_	70.1	0	
	Name of Employer	Occupation		_ Ρ	ayroll u	euuci		f \$70.10				
	Motorists Mutual Insurance Co.	Director										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 851.00									
s	UBTOTAL of Receipts This Page (optional)								_	215.20	)	
т	OTAL This Period (last page this line number o	nly)					_					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than usin	and Statements may not be sold or used by any not the name and address of any political committee											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE COMPANY CIVIC FUNE	)										
Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Larry L. Forrester		Date of Receipt										
Mailing Address 9240 Griggs Rd		05 23 2014										
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.21196										
FEC ID number of contributing		Amount of Each Receipt this Period										
federal political committee.	C	70.10										
Name of Employer	Occupation	payroll deduction of \$70.10										
Motorists Mutual Insurance Co.	Director											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)	921.10											
Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester		Date of Receipt										
Mailing Address 9240 Griggs Rd		06 06 _2014 _										
City	State Zip Code	Transaction ID : SA11AI.21279										
Englewood	FL 34224	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	70.10										
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$70.10										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 991.20											
Full Name (Last, First, Middle Initial) C. Mr. Larry L. Forrester		Date of Receipt										
Mailing Address 9240 Griggs Rd		06 20 2014										
City	State Zip Code	Transaction ID : SA11AI.21280										
Englewood	FL 34224	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	70.10										
Name of Employer	Occupation	payroll deduction of \$70.10										
Motorists Mutual Insurance Co.	Director											
Receipt For:	Aggregate Year-to-Date ▼											
Other (specify)	1061.30											
SUBTOTAL of Receipts This Page (option	ial)	210.30										
TOTAL This Period (last page this line nu	mber only)	▶										

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		<b>X</b> 11a 13		11b 14		11c 15		12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the								soliciting			ions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd.			Date of Receipt											
	City Contoocook	State NH	Zip Code 03229						SA11AI.: eceipt th						
	FEC ID number of contributing federal political committee.	С					7				25.	00			
	Name of Employer Phenix Mutual Receipt For:	Occupation President	Year-to-Date ▼		payroll o	dedu	uctior	n of S	\$25						
	Primary General Other (specify) ▼		225.00												
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen Mailing Address 63 Penacook Rd.				Date o			t	/	Y	V	V			
	City	State	Zip Code	_	05 Trans	sact	ion I	09 D:5	SA11AI.2	201 <b>2113</b> 1	14 1				
	Contoocook FEC ID number of contributing federal political committee.	С	03229		Amount of Each Receipt this Period										
	Name of Employer Phenix Mutual	Occupation President	1	f	oayroll c	ledu	iction	of \$	625						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
C.	Full Name (Last, First, Middle Initial) Rolf H. Gesen				Date o	f Re	eceip	t							
	Mailing Address 63 Penacook Rd.		7. 0. 1		05			23	L	201	14	Y			
	City Contoocook	State NH	Zip Code 03229						SA11AI. eceipt th						
	FEC ID number of contributing federal political committee.	С			payroll	dedu	,	n of <sup>g</sup>	\$25	Ξ	25.	00			
	Name of Employer Phenix Mutual	Occupation President	1		раутоп (	ueut	uction	101.	φΖΟ						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 275.00												
s	UBTOTAL of Receipts This Page (optional)		•	<u> </u>			3		- 7		75.0	00			
т	OTAL This Period (last page this line number of	only)		•			-								

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		11a 13	$\mid$	11b 14		11c	12 16	17				
Any information copied from such Report or for commercial purposes, other than u				or the		pose (			contribu					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN														
Full Name (Last, First, Middle Initial) A. Rolf H. Gesen			D	ate of	Re	eceipt								
Mailing Address 63 Penacook Rd.				06 06 2014										
City	State	Zip Code		Trans	acti	ion ID	) : S/	A11AI.2	21287					
Contoocook	NH	03229	A	mount	of	Each	Rec	ceipt thi	is Period					
FEC ID number of contributing federal political committee.	C							-	25	5.00				
Name of Employer	Occupation		— pa	yroll d	edu	iction (	of \$2	25						
Phenix Mutual	President													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
Full Name (Last, First, Middle Initial) B. Rolf H. Gesen		A A	D	ate of	Re	eceipt								
Mailing Address 63 Penacook Rd.				м м 06	/		20	/ Y	у у 2014	Y				
City	State	Zip Code						A11AI.2						
Contoocook	NH	03229	A	mount	of	Each	Rec	ceipt thi	is Period					
FEC ID number of contributing federal political committee.	С			payroll deduction of \$25										
Name of Employer Phenix Mutual	Occupation President		pa	yroll de	eduo	CTION C	or \$2	:5						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00												
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			D	ate of	Re	eceipt								
Mailing Address 7494 Heffley Court				м м 04	/	2	25	/ Y	ү 2014	Y				
City Canal Winchester	State OH	Zip Code 43110						A11AI.2	<b>21016</b> is Period					
FEC ID number of contributing federal political committee.	С					7		7	2!	5.00				
Name of Employer	Occupation		pa	yroll d	ledu	iction	of \$2	25						
The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) 🔻		225.00												
SUBTOTAL of Receipts This Page (opti	onal)		•			,		7	75	.00				
TOTAL This Period (last page this line	number only)		•			,								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 17 OF

		Detailed Summary Page	X 11a 11b 11c 12	]											
			13         14         15         16           berson for the purpose of soliciting contributions e to solicit contributions from such committee.         10         10	17											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	-														
Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack			Date of Receipt												
Mailing Address 7494 Heffley Court			M = M         /         D = D         /         Y = Y = Y         Y           05         09         2014         1												
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21137 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		25.00												
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Tre	asurer and CFO	payroll deduction of \$25												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1												
Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Susan E. Haack			Date of Receipt												
Mailing Address 7494 Heffley Court	<u> </u>	7.0.0.1	05 23 2014												
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21206           Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		25.00												
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	payroll deduction of \$25												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	1												
Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt												
Mailing Address 7494 Heffley Court			M M / D D / Y Y Y Y 06 06 2014												
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21299 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		25.00												
Name of Employer	Occupation		payroll deduction of \$25												
The Motorists Insurance Group Receipt For:		asurer and CFO	_												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1												
SUBTOTAL of Receipts This Page (opti	onal)		75.00												
TOTAL This Period (last page this line i	number only)			٦											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUNE	)
A.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court	Otata	Zia Ocada	06 / Y Y Y Y Y 06 20 2014
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21300 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	payroll deduction of \$25
	The Motorists Insurance Group	Sr. VP, Tre	asurer and CFO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		325.00	]
в.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			04 11 2014
	City	State	Zip Code	Transaction ID : SA11AI.21030
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		payroll deduction of \$30
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]
с.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			04 25 2014
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.21031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	payroll deduction of \$30
	Motorists Mutual Ins Co	Executive \	VP & COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	]
s	UBTOTAL of Receipts This Page (optional)			85.00
Т	OTAL This Period (last page this line number o	only)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Ar or	y information copied from such Reports and St. for commercial purposes, other than using the	atements mand a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane	State	Zip Code	05 / D D / Y Y Y Y 05 09 2014
	Worthington	OH	43235	Transaction ID : SA11AI.21145 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	payroll deduction of \$30
	Motorists Mutual Ins Co Receipt For:	Executive V		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u></u> В.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			05 23 2014
	City	State	Zip Code	Transaction ID : SA11AI.21214
	Worthington	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Motorists Mutual Ins Co	Occupation Executive V		<ul> <li>payroll deduction of \$30</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
<u> </u>	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			06 06 2014
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.21315 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	payroll deduction of \$30
	Motorists Mutual Ins Co	Executive \	/P & COO	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
s	UBTOTAL of Receipts This Page (optional)		•	90.00
т	OTAL This Period (last page this line number o	only)	•••••	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	y information copied from such Reports and St for commercial purposes, other than using the													
$\Big\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt										
	Mailing Address 7925 Greenside Lane	Ototo	Zie Octo	06 / Y Y Y Y Y 06 20 2014										
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.21316           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation	l	payroll deduction of \$30										
	Motorists Mutual Ins Co	Executive \	/P & COO											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) V		390.00											
в.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt										
	Mailing Address 3910 Caswell Road			05 23 2014										
	City	State	Zip Code	Transaction ID : SA11AI.21215										
	Johnstown	OH	43031	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		<ul> <li>payroll deduction of \$20</li> </ul>										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00											
	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt										
•.	Mailing Address 3910 Caswell Road			06 06 2014										
	City	State OH	Zip Code	Transaction ID : SA11AI.21317										
	Johnstown	UH	43031	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer	Occupation												
	Motorists Mutual Ins. Co. Receipt For:	VP and CIC	-	_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	70.00										
т	OTAL This Period (last page this line number o	only)												

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	`_	neck onl	y or	11b		11c		12				
	y information copied from such Reports and St							of sol		cont					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit co	ntrib	utions	from	ı such	ı com	nmitte	э.			
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) John C. Kessler				Date o	f Re	ceipt								
	Mailing Address 3910 Caswell Road			M M / 06							20 <u>2014</u>				
	City	State OH	Zip Code		Trans		on ID	: SA		21318	В				
	Johnstown	Он	43031	_	Amoun	t of	Each	Rece	ipt thi	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					,		7	_	20.0	0			
	Name of Employer	Occupation			payroll o	dedu	ction c	of \$20	)						
	Motorists Mutual Ins. Co.	VP and CIC	)												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		260.00												
R	Full Name (Last, First, Middle Initial)				Date o	f Re	ceint								
υ.	Mailing Address 6934 Roundwood Ct.				04	/	25		/ Y	201		1			
	City	State	Zip Code		Trans	acti	on ID	: SA <sup>,</sup>	11AI.2	21035	5				
	Dublin	OH	43016		Amoun	t of	Each	Rece	ipt thi	is Pe	riod				
	FEC ID number of contributing federal political committee.	С	25.00												
	Name of Employer	Occupation		-  I	payroll d	ledu	ction o	f \$25	;						
	Motorists Mutual Ins. Company	Vice Preside	ent												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) V		225.00												
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt								
	Mailing Address 6934 Roundwood Ct.				м м 05	/	09		/ Y	201	4				
	City	State	Zip Code		Trans	sact	ion ID	: SA	11AI.:	2114	7	_			
	Dublin	OH	43016	_	Amoun	t of	Each	Rece	ipt thi	is Pe	riod				
	FEC ID number of contributing federal political committee.	С				do du	, ation (	-f ¢-04	7	_	25.0	0			
	Name of Employer	Occupation			payroll o	Jeau	ICTION C	JI \$25	נ						
	Motorists Mutual Ins. Company	Vice Presid	ent												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		250.00												
s	UBTOTAL of Receipts This Page (optional)		•	<b>I</b>			7		3	_	70.0	0			
т	OTAL This Period (last page this line number of	only)	••••••	-			,		7						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUI	RANCE CC	OMPANY CIVIC FU	JND
Full Name (Last, First, Middle Initial) A. Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ct.	Otata	Zin Oode	05 23 2014
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21216           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		payroll deduction of \$25
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 275.00	00
Full Name (Last, First, Middle Initial) B. Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ct.			06 06 / Y Y Y Y Y
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Preside		payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	00
Full Name (Last, First, Middle Initial) C. Anne B. King			Date of Receipt
Mailing Address 6934 Roundwood Ct.			M M / D D / Y Y Y Y Y 06 20 _2014
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupation		payroll deduction of \$25
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Vice Presid	ent Year-to-Date ▼ 325.0	00
SUBTOTAL of Receipts This Page (optional).			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of t Detailed Summary Pa	
or for commercial purposes, other than usin		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE COMPANY CIVIC F	UND
Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael S Lappin		Date of Receipt
Mailing Address 728 South 29th Street		05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Manitowoc	State Zip Code WI 45220	Transaction ID : SA11AI.21220           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. Agency Operations	payroll deductio of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220	0.00
Full Name (Last, First, Middle Initial) B. Mr. Michael S Lappin		Date of Receipt
Mailing Address 728 South 29th Street		06 06 Y Y Y Y Y 06 06 2014
City Manitowoc	StateZip CodeWI45220	Transaction ID : SA11AI.21328           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. Agency Operations	payroll deductio of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240	0.00
Full Name (Last, First, Middle Initial) C. Mr. Michael S Lappin		Date of Receipt
Mailing Address 728 South 29th Street		06 20 2014
City Manitowoc	State Zip Code WI 45220	Transaction ID : SA11AI.21329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	payroll deductio of \$20
Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	V.P. Agency Operations Aggregate Year-to-Date ▼ 260	0.00
Primary General	26(	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane			Date of Receipt
	City Hopkinton	State NH	Zip Code 03229	04     25     2014       Transaction ID : SA11AI.21045       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Phenix Mutual Fire Ins. Co. Receipt For:	Occupation Sr. V.P.		<ul> <li>payroll deduction of \$25</li> </ul>
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane			Date of Receipt
	City Hopkinton	State NH	Zip Code 03229	05 09 2014 Transaction ID : SA11AI.21152 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	1	<ul> <li>payroll deduction of \$25</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence			Date of Receipt
	Mailing Address 116 Clarke Lane	State	Zip Code	
	Hopkinton	NH	03229	Transaction ID : SA11AI.21221           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00 payroll deduction of \$25
	Name of Employer Phenix Mutual Fire Ins. Co. Descript Form	Occupation Sr. V.P.	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
ר	OTAL This Period (last page this line number of	only)		

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page		-		11		11c	12	<b></b>	1.			
٨٣	v information conied from such Departs and	Statemonto ma	w not be sold or used by any n		13 for the		14		15 soliciting	16		17			
	ny information copied from such Reports and S for commercial purposes, other than using the														
$\overline{)}$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR														
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ecei	ipt							
	Mailing Address 116 Clarke Lane				M = M / D = D / Y = Y = Y = Y 06 06 _ 2014 _										
	City	State	Zip Code			acti	ion		SA11AI.						
	Hopkinton	NH	03229		Amount	t of	Ea	ich Re	eceipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer	Occupation	1	- ф	bayroll d	ledu	uctio	on of {	\$25						
	Phenix Mutual Fire Ins. Co.	Sr. V.P.													
	Receipt For:	Aggregate	Year-to-Date ▼												
_	Other (specify)		300.00	1			_	_	_	_	_				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	∍cei	ipt							
	Mailing Address 116 Clarke Lane				Date of Receipt										
	City	State	Zip Code 03229			acti	ion		SA11AI.		_				
	Hopkinton	NH		Amoun	t of	Ea	ich Re	eceipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С			payroll deduction of \$25										
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.	1	p	ayroll d	edu <sup>,</sup>	uctic	on of \$	525						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]											
с.	Full Name (Last, First, Middle Initial) Mr. David W. Lemon	<u> </u>			Date of	<sup>i</sup> Re	∍cei	ipt							
	Mailing Address 345 Southshore Drive				м м 04	1		25	/ Y	y y 2014	Y				
	City Greenback	State TN	Zip Code 37742						SA11AI.		4				
	FEC ID number of contributing federal political committee.	С			Amoun		⊏a		eceipt th	nis Perio 12	d 25.00				
	Name of Employer	Occupation	I		oayroll d	ledu	uctio	on of S	\$125						
	American Hardware Mutual Ins.	Director													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary     General       Other (specify)     ▼		250.00	1											
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#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify)	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼ 360.00	Date of Receipt 04 11 2014 Transaction ID : SA11AI.21054 Amount of Each Receipt this Period 45.00 payroll deduction of \$45
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City	State	Zip Code	Date of Receipt 04 25 2014 Transaction ID : SA11AI.21055
	Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary         General         Other (specify) ▼	VI C Occupation Director Aggregate	54220 Year-to-Date ▼ 405.00	Amount of Each Receipt this Period 45.00 payroll deduction of \$45
C.	Full Name (Last, First, Middle Initial)         Mr. Robert L. McCracken         Mailing Address 2135 Hunters Ridge Court         City         Manitowoc         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼	State WI C Occupation Director Aggregate	Zip Code 54220 Year-to-Date ▼ 450.00	Date of Receipt 05 09 2014 Transaction ID : SA11AI.21156 Amount of Each Receipt this Period 45.00 payroll deduction of \$45
s	UBTOTAL of Receipts This Page (optional)		•	135.00
т	OTAL This Period (last page this line number of	only)	••••••	

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page		< 11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the				for the			soliciting	g contribu	itions				
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CO	OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court				Date of Receipt									
	City	State	Zip Code	_	05 Trans	actio	23 2014 0n ID : SA11AI.21225							
	Manitowoc	WI	54220	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		45.00										
	Name of Employer	Occupation	l	F	bayroll d	leduc	ction of	\$45						
	Motorists Mutual Ins. Co. Receipt For:	Director	Maanda Data 🖛	_										
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 495.00											
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of	f Rec	ceipt							
	Mailing Address 2135 Hunters Ridge Court	Address 2135 Hunters Ridge Court												
	City	State	Zip Code		06 Trans	actic	06 : on ID	SA11AL	2014 21338					
	Manitowoc	WI	54220	_	Amount	t of E	Each F	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С		45.00 payroll deduction of \$45										
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		p	ayroll de	educ	tion of	\$45						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00											
с.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of	f Rec	ceipt							
	Mailing Address 2135 Hunters Ridge Court				м м 06	/	20		2014	Y				
	City Manitowoc	State WI	Zip Code 54220	-				<b>SA11AI.</b> Receipt th		1				
	FEC ID number of contributing federal political committee.	С					,		4	5.00				
	Name of Employer	Occupation	l	-  F	oayroll d	eauc	ction of	f \$45						
	Motorists Mutual Ins. Co.	Director												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 585.00											
s	UBTOTAL of Receipts This Page (optional)		····· •	 -			3		135	.00				
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 28 OF

			Detailed Summary Page		11a		11b			12	<u> </u>			
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any put	erson f	13 for the licit cor	pur	14 pose o	f solici	ting c	16 ontribu	tions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA							1011 5		ommu				
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	_								
	Mailing Address 4612 Club Dr., Unit 201	State	Zip Code		04	Ŀ	11			2014	Y			
	Port Charlotte	FL	33953		Transaction ID : SA11AI.21058           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C			-		7	( <b>¢</b> 50		50	.00			
	Name of Employer Retired from MIG	Occupation Director		p	ayroll d	edu	iction o	of \$50						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00											
в.					Date of	Re								
	Mailing Address 4612 Club Dr., Unit 201	State	Zip Code		04	'	25	5		2014	Y			
	City Port Charlotte	FL	33953	/	Transaction ID : SA11AI.21059 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00 payroll deduction of \$50									
	Name of Employer Retired from MIG	Occupation Director		pa	ayroll de	edu	ction of	f \$50						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	Re	eceipt							
	Mailing Address 4612 Club Dr., Unit 201				м м 05	/	09			y y 2014	Y			
	City Port Charlotte	State FL	Zip Code 33953		Trans Amount			: <b>SA11</b> Receip						
	FEC ID number of contributing federal political committee.	С					7	,		50	0.00			
	Name of Employer	Occupation		р	ayroll d	ledu	uction o	of \$50						
	Retired from MIG         Receipt For:         Primary       General         Other (specify) ▼	Director           Aggregate	Year-to-Date ▼ 500.00	]										
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	$\mid$	11b 14	11c	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				or the		ose of	f soliciting	g contribu	utions			
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR												
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of Receipt								
	Mailing Address 4612 Club Dr., Unit 201				05 23 _ 2014 _								
	City	State	Zip Code			acti		SA11AI					
	Port Charlotte	FL	33953	A	_ Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer	Occupation	1	pa	ayroll d	edu	Ction of	1 200					
	Retired from MIG Receipt For:	Director		_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00										
	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	f Re	ceipt						
	Mailing Address 4612 Club Dr., Unit 201				м м 06		06		2014	Y			
	City Port Charlotte	State FL	Zip Code 33953					SA11AI.		4			
	FEC ID number of contributing federal political committee.		Amoun			receipt tr	nis Perioo 50	).00					
	Name of Employer Retired from MIG	Occupation Director	1	— pa	ayroll d	eduo	ction of	\$50					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
c.	Full Name (Last, First, Middle Initial) Thomas C. Ogg				Date of	f Re	ceipt						
	Mailing Address 4612 Club Dr., Unit 201				м м 06	/	D 20		у у 2014	Y			
	City Port Charlotte	State FL	Zip Code 33953					SA11AI					
	FEC ID number of contributing federal political committee.	С			Amouni	t ot	Each F	Receipt tr	nis Perioo 5	1 0.00			
	Name of Employer	Occupation	1	pa	ayroll c	ledu	iction of	f \$50					
	Retired from MIG	Director											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		650.00										
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	-	11b 14	11c			17				
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f soliciting	g contr	ributio	ons				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			10 50				nom suci							
<b>A</b> .	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of Receipt										
	Mailing Address 1026 Loch Ness Avenue				04 25 2014										
	City Worthington	State OH	Zip Code 43085					SA11AI.							
	FEC ID number of contributing			Amount of Each Receipt this Period											
	federal political committee.	C													
	Name of Employer	Occupation		p	payroll deduction of \$25										
	Motorists Mutual Ins. Company Receipt For:		g Prod & Svs	_											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00												
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re	ceipt								
	Mailing Address 1026 Loch Ness Avenue				M M	/	09		_2014	4 _					
	City	State	Zip Code					SA11AI.			_				
	Worthington	ОН	43085	- '	Amount	of	Each F	Receipt th	is Per	iod	_				
	FEC ID number of contributing federal political committee.	C		payroll deduction of \$25											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs	p	ayron ut	euu		φ23							
	Receipt For:		Year-to-Date ▼												
	Other (specify)		, 250.00												
C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	Re	ceipt								
	Mailing Address 1026 Loch Ness Avenue				м м 05	/	23		2014						
	City Worthington	State OH	Zip Code 43085					: SA11AI. Receipt th			_				
	FEC ID number of contributing federal political committee.	С			Amount	. 01			is rei	25.0	00				
	Name of Employer	Occupation		_ р	ayroll d	ledu	iction o	f \$25							
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		275.00												
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and s for commercial purposes, other than using the				for the		oose of	solicitin		ntribut	tions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR										
A.	Full Name (Last, First, Middle Initial)         Randolph A. Rudowicz         Mailing Address 1026 Loch Ness Avenue         City         Worthington         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Company         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 43085 g Prod & Svs Year-to-Date ▼ 300.00			of	06 ion ID : Each R	SA11A Receipt t	2 I <b>.213</b>	Period	Y .00
В.	Full Name (Last, First, Middle Initial)         Randolph A. Rudowicz         Mailing Address 1026 Loch Ness Avenue         City         Worthington         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Company         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 43085 g Prod & Svs Year-to-Date ▼ 325.00	_		of	20 on ID : Each R	SA11AI Receipt t	20 . <b>213</b>		00
C.	Full Name (Last, First, Middle Initial)         Mr. Robert C. Smith         Mailing Address 29270 Hampshire Place         City         Westlake         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify)	State OH C Occupation Director Aggregate	Zip Code 44145 Year-to-Date ▼ 440.00	_		/ acti of	11 ion ID : Each R	SA11A Receipt t	20 <b>I.210</b>	Period	.00
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	y information copied from such Reports and Stafor commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPAN	NY CIVI	C FUND									
A.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith					(	Date of	Recei	ipt					
	Mailing Address 29270 Hampshire Place	State	Zip (	Code			04	L	25 1D:	SA11AI	201- 21080	4		
	Westlake	ОН	4414	45		A				leceipt th				
	FEC ID number of contributing federal political committee.	С						,	_	7		55.0	0	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1			— p;	ayroll d	eductio	on of	\$55				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	oate ▼	495.00									
в.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith						Date of	Recei	ipt					
	Mailing Address 29270 Hampshire Place						м м 05		09	/ Y	۲ 2014	Y Y 1		
	City Westlake	State OH	Zip ( 4414							SA11AI. leceipt th		iod		
	FEC ID number of contributing federal political committee.	C					55.00							
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1			— pa	ayroll de	eductio	on of	\$55				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	Date ▼	550.00									
c.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith						Date of	Recei	ipt					
	Mailing Address 29270 Hampshire Place						м м 05	I L	23	JL	۲ 2014			
	City Westlake	State OH	Zip ( 4414	Code 45						SA11AI				
	FEC ID number of contributing federal political committee.	С						,	_			55.0	0	
	Name of Employer	Occupation	1			_ p	ayroll d	eductio	on of	\$55				
	Motorists Mutual Ins. Co.	Director												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	Date ▼	605.00									
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
or for commercial purposes, other than usi	and Statements may not be sold or used by any p ng the name and address of any political committe										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE COMPANY CIVIC FUND	)									
A. Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	State Zip Code	Date of Receipt									
Westlake FEC ID number of contributing	OH 44145	Amount of Each Receipt this Period									
federal political committee.	Occupation	payroll deduction of \$55									
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Director       Aggregate Year-to-Date ▼       660.00	]									
B. Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	, I	Date of Receipt									
City Westlake	StateZip CodeOH44145	06     20     2014       Transaction ID : SA11AI.21363       Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee. Name of Employer	Occupation	payroll deduction of \$55									
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Director       Aggregate Year-to-Date ▼       715.00	]									
C. Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt									
City New Albany	StateZip CodeOH43054	Transaction ID : SA11AI.21084           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	25.00									
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	payroll deduction of \$25									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	]									
SUBTOTAL of Receipts This Page (option	nal)	135.00									
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		used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU		VIC FUND
A. Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt
City New Albany	StateZip CodeOH43054	05     09     2014       Transaction ID : SA11AI.21170       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General	Occupation Sr. VP CL & Affiliate Operation Aggregate Year-to-Date ▼	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. Charles D. Stapleton		Date of Receipt
Mailing Address 6900 Kindler Drive City New Albany	State Zip Code OH 43054	05       23       2014         Transaction ID : SA11AI.21240         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	C Occupation Sr. VP CL & Affiliate Operation Aggregate Year-to-Date ▼	25.00 payroll deduction of \$25
Full Name (Last, First, Middle Initial) C. Charles D. Stapleton Mailing Address 6900 Kindler Drive		Date of Receipt
City New Albany FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OH 43054	06     06     2014       Transaction ID : SA11AI.21366       Amount of Each Receipt this Period       25.00       payroll deduction of \$25
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Sr. VP CL & Affiliate Operation         Aggregate Year-to-Date ▼	300.00
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num		

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page	×	11a 13	-	-	1b 4	_	1c 5	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		po	se of	solio	citing o	contribu	tions			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive	Date of Receipt													
	City	State	Zip Code	06     20     2014       Transaction ID : SA11AI.21367       Amount of Each Receipt this Period											
	New Albany	OH	43054												
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer	Occupation		payroll deduction of \$25											
	Motorists Mutual Ins. Co. Receipt For:		Affiliate Operations												
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 325.00												
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				Date of	f Re	ece	eipt							
	Mailing Address 2060 Maxwell Avenue				м м 04	/	ſ	D D 25	/		y y 2014	Y			
	City	State Zip Code OH 43035									1087				
	Lewis Center FEC ID number of contributing federal political committee.	С	43030		Amount of Each Receipt this Period 25 payroll deduction of \$25										
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— pa	ayroll d	edu	ıcti	ion of S	\$25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				Date of	f Re	ece	eipt							
	Mailing Address 2060 Maxwell Avenue				<sup>M</sup> M 05	/		0 D	) /	Y	у у 2014	Y			
	City Lewis Center	State OH	Zip Code 43035							1 <b>AI.2</b>	<b>1171</b> Period				
	FEC ID number of contributing federal political committee.	С					7			,		5.00			
	Name of Employer	Occupation	1	p	ayroll c	ledu	uct	tion of	\$25						
	Motorists Mutual Ins. Company	Assist. V. P													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00												
s	UBTOTAL of Receipts This Page (optional)		•	 			,			7	75	.00			
т	OTAL This Period (last page this line number	only)													

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		( 11a		11b		11c	12	<u> </u>					
Ar	y information copied from such Reports and	Statements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose d		15 iciting c	16 ontribu	l 17 tions					
	for commercial purposes, other than using th															
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND													
A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				Date of	Re	eceipt									
	Mailing Address 2060 Maxwell Avenue			05 23 2014 Transaction ID : SA11AL21241												
	City Lewis Center	State OH	Zip Code 43035													
		OIT	43035	_	Amount	tof	Each	Rece	pipt this	Period						
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$25												
	Name of Employer	Occupation		P	bayroll d	leau	ICTION 0	01 \$25	)							
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P	-	_												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00													
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				Date of	Re	eceipt									
	Mailing Address 2060 Maxwell Avenue	State	Zip Code		м м 06	1	D 0	D /		y y 2014	Y					
	City						11AI.21									
		OH	43035		Amount	tof	Each	Rece	pipt this	Period						
	FEC ID number of contributing federal political committee.		payroll deduction of \$25													
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		p	ayroll d	eau	ction c	01 \$25								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00													
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	1			Date of	Re	eceipt									
	Mailing Address 2060 Maxwell Avenue				м м 06	/	2	20		y y 2014	Y					
	City Lewis Center	State OH	Zip Code 43035						11AI.21							
	FEC ID number of contributing federal political committee.	С			Amoun		Each	Rece	pipt this		.00					
	Name of Employer	Occupation	1	F	payroll c	ledu	uction	of \$25	5							
	Motorists Mutual Ins. Company	Assist. V. F	).													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary     General       Other (specify) ▼		325.00													
s	UBTOTAL of Receipts This Page (optional)		•	• -			1		3	75.	00					
Т	OTAL This Period (last page this line number	r only)	••••••	•			7									

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FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	d Statements may not be sold or used by any p the name and address of any political committee									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial) A. Mr. Alan R. Tubbs		Date of Receipt								
Mailing Address 1300 Scenic Hill Ln.										
City DeWitt	State Zip Code IA 52742	Transaction ID : SA11AI.21090 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	125.00								
Name of Employer Iowa Mutual Ins. Co.	Occupation Director	payroll deduction of \$125								
Receipt For:	Aggregate Year-to-Date ▼									
Other (specify)	250.00	]								
Full Name (Last, First, Middle Initial) B. Peter A. Weisenberger		Date of Receipt								
Mailing Address 7105 Lakebrook Blvd.		05 23 2014								
City Columbus	State Zip Code OH 43235	Transaction ID : SA11AI.21244 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								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00									
Full Name (Last, First, Middle Initial) C. Peter A. Weisenberger		Date of Receipt								
Mailing Address 7105 Lakebrook Blvd.		M = M / D = D / Y = Y = Y = Y 06 06 _2014 _								
City Columbus	StateZip CodeOH43235	Transaction ID : SA11AI.21374 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	20.00								
Name of Employer	Occupation	payroll deduction of \$20								
Motorists Mutual Insurance Company Receipt For:	Vice President									
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	]								
	ber only)	165.00								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page		<b>&lt;</b> 11a 13	$\vdash$	11b 14		11c 15		2 6	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the								soliciting			ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.	Weisenberger											
	City Columbus	State OH	Zip Code 43235	06         20         2014           Transaction ID : SA11AI.21375           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7				20.0	00	
	Name of Employer         Motorists Mutual Insurance Company         Receipt For:         Primary       General	Occupation Vice Presid Aggregate	ent Year-to-Date ▼		payroll d	edu	ction o	of \$	520				
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	260.00		Data at								
в.	Robert Weishaar Mailing Address 530 Woodmark Run City	State	Zip Code		Date of 04 Trans	/	2	25	/ Y	2014 21096		Y	
	Gahanna FEC ID number of contributing federal political committee.	ОН	43230		Amount		Each	Re	eceipt thi	s Per	riod 25.0	00	
	Name of Employer Motorists Mutual Ins. Co.		Analytics Officer Year-to-Date ▼	F	bayroll d	edu	ction o	of \$	25				
	Primary General Other (specify) ▼		225.00										
C.	Full Name (Last, First, Middle Initial) Robert Weishaar				Date of	Re	ceipt						
	Mailing Address 530 Woodmark Run City	State	Zip Code		05	/	the second se	9		2014	4	Y	
	Gahanna	OH	43230						SA11AI.2 eceipt thi				
	FEC ID number of contributing federal political committee.	С			payroll d	ledu	, inction (	of 4	,	Ξ	25.	00	
	Name of Employer	Occupation	Analytics Officer		payron c			014	μ20				
	Motorists Mutual Ins. Co.         Receipt For:         Primary       General         Other (specify) ▼		Year-to-Date ▼ 250.00	250.00									
s	UBTOTAL of Receipts This Page (optional)		••••••				7		7	Ξ	70.0	0	
т	OTAL This Period (last page this line number or	nly)		-							-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Robert Weishaar Mailing Address 530 Woodmark Run			Date of Receipt									
	City	State	Zip Code	05 23 2014 Transaction ID : SA11AI.21245									
	Gahanna	OH	43230	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation	1	payroll deduction of \$25									
	Motorists Mutual Ins. Co.	VP & Chief	Analytics Officer										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		275.00										
B.	Full Name (Last, First, Middle Initial) Robert Weishaar			Date of Receipt									
	Mailing Address 530 Woodmark Run			06 06 2014									
	City	State	Zip Code	Transaction ID : SA11AI.21376									
	Gahanna	OH	43230	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	25.00										
	Name of Employer Motorists Mutual Ins. Co.	Occupation	n Analytics Officer	<ul> <li>payroll deduction of \$25</li> </ul>									
	Receipt For:	Aggregate	Year-to-Date ▼	-									
	Primary General Other (specify) ▼		300.00										
с.	Full Name (Last, First, Middle Initial) Robert Weishaar			Date of Receipt									
	Mailing Address 530 Woodmark Run			06 20 2014									
	City	State OH	Zip Code	Transaction ID : SA11AI.21377									
	Gahanna		43230	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer	Occupation											
	Motorists Mutual Ins. Co.	VP & Chief	Analytics Officer	_									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00										
	UBTOTAL 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:

(check only one)

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			Detailed Summary Page	×	11a 13		11b		11c 15		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose	e of s	oliciting		ntribut	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.			_	Date of	Re		pt	/	V	Y	Y			
	City	State	Zip Code	04     11     2014       Transaction ID : SA11AI.21104       Amount of Each Receipt this Period											
	Westerville           FEC ID number of contributing           federal political committee.	ОН	43082	/	Amount	of	Eac	ch Re	ceipt th	is P	Period 30.	00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs	— р	ayroll d	edu	uctio	on of \$	30						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.				Date of	Re		pt	/ Y	Y	Y	Y			
	City Westerville	State OH	State         Zip Code         04         25         2014           Transaction ID : SA11AI.21105												
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$30											
	Name of Employer Motorists Mutual Ins. Co. Receipt For:		Ops & Corp. Svs	— pa —	ayroli de	eau	ctior	n of \$3	30						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00												
C.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	eceip	pt							
	Mailing Address 5519 Medallion Drive W.	State	Zip Code		05	/		09		20	)14	Y			
	Westerville	OH	43082						ceipt th						
	FEC ID number of contributing federal political committee.	С			ayroll d	odu	,	on of \$	30	_	30.	.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life	Ops & Corp. Svs		ayroll u	euu		φ ΙΟ ΓΙΟ	50						
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 300.00												
s	UBTOTAL of Receipts This Page (optional)		····· •				7		7	_	90.	00			
т	OTAL This Period (last page this line number	only)					7								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11 14		11c 15		2 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the	person for the purpose of soliciting contributions															
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND														
A.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt													
	Mailing Address 90 Timberknoll Loop				0 <u>4</u>	1		11	/ Y	201		Y					
	City	State	Zip Code			acti	ion		A11AL								
	Powell	OH	43065	/	Amount	of	Ead	ch Re	ceipt th	is Pe	riod						
	FEC ID number of contributing federal political committee.	С			35.	00											
	Name of Employer	Occupation		p	ayroll d	edu	ICTIC	on of \$	35								
	Motorists Mutual Ins Company	Sr VP,Trea	s.,CFO														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00														
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	Re	ecei	pt									
	Mailing Address 90 Timberknoll Loop				м м 04	/		25	/ Y	201		Y					
	City	State	Zip Code	_					A11AI.2			_					
	Powell	OH	43065	-	Amount	of	Ead	ch Re	ceipt th	is Pe	riod	_					
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$35													
	Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas		— pa	ayroll de	edu	Ctio	n of \$	35								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00														
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	Re	ecei	pt									
	Mailing Address 90 Timberknoll Loop				м м 05	/		09	/ Y	201		Y					
	City Powell	State OH	Zip Code 43065						6A11AI.								
	FEC ID number of contributing federal political committee.	С			Amount	OT	Ead	cn Re	ceipt th	is Pe	riod 35.	00					
	Name of Employer	Occupation		р	ayroll d	edu	uctic	on of \$	35								
	Motorists Mutual Ins Company	Sr VP,Trea	s.,CFO														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00														
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7		3		105.0	00					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	$\vdash$	11b		11c 15	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose		oliciting	contribu	utions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
<b>A</b> .	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop				Date of	_		D	/ Y	Y Y	Y				
	City Powell	State OH	Zip Code 43065	05     23     2014       Transaction ID : SA11AI.21250       Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					3				5.00				
	Name of Employer Motorists Mutual Ins Company Receipt For:	Occupation Sr VP,Trea	s.,CFO	payroll deduction of \$35											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	]											
в.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop				Date of	Re	· ·	D	/	YY	V				
	City	State	Zip Code		06 Trans		ion II	06 <b>) : S</b>	A11AI.2	2014 21386					
	Powell FEC ID number of contributing federal political committee.	C	43065		Amount	t of	Each	n Re	ceipt th	is Perioc 35	5.00				
	Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas		pa	ayroll de	edu	ction	of \$	35						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]											
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	Re	eceipt	t							
	Mailing Address 90 Timberknoll Loop	State	Zip Code		06 Trans	/		20 D • 5	/ Y	2014 21387	Ŷ				
	Powell	OH	43065							is Period	1				
	FEC ID number of contributing federal political committee.	С			ayroll d	ledu	,	of ¢	35	3!	5.00				
	Name of Employer	Occupation			ayron u			ιοιψ							
	Motorists Mutual Ins Company Receipt For: Primary General Other (specify)	Sr VP,Trea	Year-to-Date ▼ 455.00	00											
s	UBTOTAL of Receipts This Page (optional)						3			105	5.00				
т	OTAL This Period (last page this line number	only)								3980	0.60				

	CHEDULE B (FEC Form 3X)						NUMBE	B٠			PAG	GE 43	OF 44			
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	one)			F			-			
			Summary Page		$\left  - \right $	21b 27	22		23 28b	,	24 28c	25 X 29	26 30b			
or	y information copied from such Reports and Staten for commercial purposes, other than using the nam											g contrib				
$\backslash$	NAME OF COMMITTEE (In Full)															
	MOTORISTS MUTUAL INSURANC		IPANY CIV	CFU	JN	D										
	Full Name (Last, First, Middle Initial) Citizens for Hottinger						Date	of D	isburs	sem	ient					
	Mailing Address 2135 Horns Hill Drive						0	4		22	/ Y	2014	Y			
	Newark	State OH	Zip Code 43055				Tra	insac	tion I	D :	SB29.20	965				
	Purpose of Disbursement Contribution			0	)11		Amo	unt o	f Eacl	h D	isburser	nent this	Period			
	Candidate Name			Cate	egor ype	ry/			7			50	00.00			
	President	nent For: Primary Other (spec	General cify) ▼													
	State:       District:         Full Name (Last, First, Middle Initial)         Committee to Elect Robert D. Hack	kett							visburs							
	Mailing Address 2050 Palouse Drive							04 / D D / Y Y Y Y 04 11 2014								
	London	State OH	Zip Code 43140				Tra	ansad	tion I	<b>D</b> :	SB29.20	0966				
	Purpose of Disbursement Contribution			C	)11		Amo	unt o	f Eacl	h D	isburser	nent this	Period			
	Candidate Name			Cate T	egor ype	ry/			7		. ,	50	00.00			
	President	nent For: Primary Other (spec	General cify) ▼													
	State: District: Full Name (Last, First, Middle Initial)															
-	French for Judge						Date		isburs	sem		YY	Y			
	Mailing Address 100 South Third Street						0	4		11		2014				
	Columbus	State OH	Zip Code 43215				Tra	insac	tion I	D:	SB29.20	0967				
	Purpose of Disbursement contribution			0	011		Amo	unt o	f Eacl	h D	isburser	nent this	Period			
	Candidate Name			Cate T	egor ype	ry/						50	0.00			
	President	nent For: Primary Other (spec	General cify) ▼													
	State: District:						_									
⊢	UBTOTAL of Disbursements This Page (optional)						Ľ		7	-		150	0.00			

Internize Drob Disbursement       for each category of the parties of	SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 44 OF 44
ar 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) MOTORSTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) A. Kennedy for Ohio Mailing Address City Full Name (Last, First, Middle Initial) B. C. Mailing Address City State Disbursement Cardidate Name Category: Disbursement Cardidate Initial) C. Mailing Address City State Disbursement Cardidate Initial) C. Mailing Address City State Disbursement Cardidate Initial) C. Mailing Address City State Disbursement Cardidate Initial City State Disbursement Cardidate City State Disbursement Cardidate City State Disbursement Cardidate City State Disbursement Cardidate City State Disbursement Card	ITEMIZED DISBURSEMENTS		21b	22 23 24 25 26
NAME OF COMMITTEE (Ir, Full)         MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND         Full Name (Last, First, Middle Initial)         A. Kennedy for Ohio         Mailing Address 211 S, Fifth Street         City       State         Columbus       OH         Association ID       State         City       State         Columbus       OH         Purpose of Disbursement contribution       Office Sought:         President       Disbursement For:         President       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         B.       Mailing Address         City       State         City       State         Purpose of Disbursement       Other (specify) ▼         Candidate Name       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         State:       Disbursement	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or use name and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
A. Kennedy for Ohio       Date of Disbursement         Mailing Address       211 S, Fifth Street         City       State       Zip Code         Outinobus       OH       43215         Purpose of Disbursement       Oth       43215         Office Sought:       House       Disbursement For:       Amount of Each Disbursement his Period         Office Sought:       President       Other (specify)       ✓         Bull Name (Last, First, Middle Initial)       Date of Disbursement this Period       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Date of Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Date of Disbursement this Period         State:       Disbursement For:       Other (specify)        Date of Disbursement         City       State       Zip Code       Date of Disbursement       Category/         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement       Category/         Gity       State       Zip Code		ANCE COMPANY CIVI	C FUND	
City       State       Zip Code         Columbus       OH       43215         Purpose of Disbursement contribution       011         Candidate Name       Office Sought:       House         Office Sought:       House       Disbursement For:         State:       Disbursement       Other (specify)       Category/         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         B.       City       State       Zip Code         Purpose of Disbursement       Other (specify)       ✓       Amount of Each Disbursement         Cadidate Name       Category/       / Disbursement       Amount of Each Disbursement         Mailing Address       Disbursement For:       General       President         Office Sought:       House       Disbursement For:       General         Purpose of Disbursement       Category/       Amount of Each Disbursement this Period         Cadidate Name       Disbursement For:       Disbursement       Category/         Office Sought:       House       Disbursement For:       Category/         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Category/       Amount of Each Disbursement this Period </td <td>Full Name (Last, First, Middle Initial) A. Kennedy for Ohio</td> <td></td> <td></td> <td></td>	Full Name (Last, First, Middle Initial) A. Kennedy for Ohio			
Coumbus       OH       43215         Purpose of Disbursement contribution       011         Category/ Type       Other (specify)         Office Sought:       House Senate       Disbursement For: Other (specify)         State:       District:         Purpose of Disbursement       Other (specify)         Gandidate Name       Category/ Type         City       State         Purpose of Disbursement       Other (specify)         Candidate Name       Disbursement For: Office Sought:       Disbursement For: Office Sought:         House       Disbursement For: Office Sought:       Disbursement For: Office Sought:       Amount of Each Disbursement this Period         Kate:       Disbursement For: Office Sought:       Disbursement For: Office Sought:       Date of Disbursement         City       State       Zip Code       Date of Disbursement         Purpose of Disbursement       Other (specify)       Image: Code         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement         City       State       Zip Code         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement this Period         City       State       Zip Code         Purpose of Disbursement       Other (specify)	Mailing Address 211 S. Fifth Street			04 11 2014
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Candidate Name     Category/ Type     Amount of Each Disbursement this Period       Office Sought:     House     Disbursement For:       Senate     Primary     General	City	State Zip Code		
Type       Office Sought:     House       Disbursement For:       Senate       Primary       General			Category/	Amount of Each Disbursement this Period
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State: District:	Senate President			
SUBTOTAL of Disbursements This Page (optional)				