FEC FORM 3X	AN	PORT OI D DISBU Other Than An	RSEM	ENTS	ee	c	ffice Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING LAI YPE OR PRINT 🟹		mple:If typing r the lines	, type			
ADDRESS (number and	street)	1 E BROAD ST						
Check if different than previous reported. (AC	y 100	DLUMBUS					43215 	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCODI	∃ 🔺
C00336834			3. IS THIS REPORT		NEW N) OR	AMEI (A)	NDED	
X October Quarterly January Quarterly January July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	(d) 30-Day Post -Elec Report for t	he:	ġ.	12C)	Aug 20 Sep 20 Oct 20 General (120 Special (125	(M9) (M10) G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of	Treasurer <u>M</u>	lichael L. Wiseman Filed by Michael	ny knowledge		Da	and complete.		2 0 1 0 C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

Image# 10931357752

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 149

\		or Type Committee Name OTORISTS MUTUAL INSURANO	E COMPANY CIVIC FUND	
F	{epor	t Covering the Period: From:	M M D D Y	To: 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 2010 ^{Y Y}]	13943.28
	(b)	Cash on Hand at Begining of Reporting Period	5487.58	
	(c)	Total Receipts (from Line 19)	9732.60	32249.90
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15220.18	46193.18
7.	Tota	al Disbursements (from Line 31)	14407.00	45380.00
3.	Rep	h on Hand at Close of porting Period ptract Line 7 from Line 6(d))	813.18	813.18
9.	the	ots and Obligations owed TO committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on ledule 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

FE6AN026

Image# 10931357753

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Report Covering the Peric	d: From:		To: 09 30 Y Y Y Y 30 2010
I. Recei	pts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other tha (a) Individuals/Person	s Other		
Than Political Con (i) Itemized (use	nmittees Schedule A)	9538.10	17944.10
(ii) Unitemized		194.50	14305.80
(iii) TOTAL (add Lines 11(a)(i)	and (ii) 🕨	9732.60	32249.90
	nmittees	0.00	0.00
 (c) Other Political Corr (such as PACs) 		0.00	0.00
(d) Total Contributions 11(a)(iii),(b) and (c Totals to Line 33, j		9732.60	32249.90
. Transfers From Affiliate Party Committees		0.00	0.00
. All Loans Received		0.00	0.00
. Loan Repayments Reco . Offsets To Operating E	eived	0.00	0.00
(Refunds, Rebates, etc (Carry Totals to Line 37	.)	0.00	0.00
. Refunds of Contribution to Federal candidates a Political Committees	nd Other	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc) 		0.00	0.00
Transfers from Non-Fe			
(a) Non-Federal Accoun (from Schedule H3		0.00	0.00
(b) Levin Funds (from S	Schedule H5)	0.00	0.00
(c) Total Transfer (add	18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lin 12, 13, 14, 15, 16, 17, a	. ,	9732.60	32249.90
Total Federal Receipts (subtract Line 18(c) fror		9732.60	32249.90

FE6AN026

Image# 10931357754

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		4 / 149
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share		
Expenditures (c) Total Operating Expenditures	55.00	80.00
(add 21(a)(i), (a)(ii) and (b)) 🕨	55.00	80.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	7000.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)		
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) >	0.00	0.00
	14352.00	38300.00
Other Disbursements	14352.00	36300.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14407.00	45380.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14407.00	45380.00

DETAILED SUMMARY PAGE

of Disbursements

5 / 149

	FEC Form 3X (Rev. 02/2003)		5 / 149
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	9732.60	32249.90
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9732.60	32249.90
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55.00	80.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	55.00	80.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 149 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle L	оор	07 09 2010
City	State Zip Code	Transaction ID: SA11AI.13637
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines	PAYROLL DEDUCTION BI-WEEK- LY \$30
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Michael J. Agan	•	Date of Receipt
Mailing Address 5658 Tynecastle L	оор	07 23 Y Y Y Y 07 23 2010
City	State Zip Code	Transaction ID: SA11AI.13728
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines	LY \$30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
Mailing Address 5658 Tynecastle L	оор	0 8 0 6 Y Y Y Y Y 0 8 0 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13802
Dublin FEC ID number of contributing federal political committee.	OH 43016	Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines	PAYROLL DEDUCTION BI-WEEK- LY \$30
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (ontion	al)	90.00
	nber only)	

ITEMIZI	ULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 149 (check only one) 11a X 11a 13 14 15 16 17
or for comm	ation copied from such Reports and St hercial purposes, other than using the DF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	RISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
A. Michael	0		Date of Receipt
Mailing /	Address 5658 Tynecastle Loop		M M / D D / Y
City		State Zip Code	Transaction ID: SA11AI.13877
<u>Dublin</u>	an and a second second second	OH 43016	Amount of Each Receipt this Period
	number of contributing political committee.	C	30.00
Name of Motorist	ⁱ Employer s Mutual Ins. Co.	Occupation VP Personal Lines	PAYROLL DEDUCTION BI-WEEK- LY \$30
Receipt	For:	Aggregate Year-to-Date V	1
	imary General ther (specify) ▼	510.00	
Full Nan Michael	ne (Last, First, Middle Initial) J. Agan		Date of Receipt
Mailing /	Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.13950
<u>Dublin</u>		OH 43016	Amount of Each Receipt this Period
	number of contributing political committee.	C	
Name of Motorist	f Employer s Mutual Ins. Co.	Occupation VP Personal Lines	PAYROLL DEDUCTION BI-WEEK- LY \$30
Receipt		Aggregate Year-to-Date V	
	imary General ther (specify) ▼	540.00	
Full Nan Michael	ne (Last, First, Middle Initial) J. Agan		Date of Receipt
Mailing /	Address 5658 Tynecastle Loop		M M / D D / Y Y Y Y 09 17 2010
City		State Zip Code	Transaction ID: SA11AI.14038
<u>Dublin</u>	and the state of the state of the state	OH 43016	Amount of Each Receipt this Period
	number of contributing political committee.	C	
Name of Motorist	f Employer s Mutual Ins. Co.	Occupation VP Personal Lines	PAYROLL DEDUCTION BI-WEEK- LY \$30
Receipt		Aggregate Year-to-Date 🔻	
	imary General her (specify) v	570.00	
SUBTOTA	I of Receipts This Page (optional)	·····	90.00
SUBIUIA	L or necerpts this maye (optional)	•••••••	
TOTAL T	nis Period (last page this line number o	pnly)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		07 09 Y Y Y Y 007 09
	City	State Zip Code	Transaction ID: SA11AI.13638
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	350.00	
– B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		07 23 YYYY 010
	City	State Zip Code	Transaction ID: SA11AI.13729
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	375.00	
- C.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13803
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	400.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	75.00
┢	and the office province the tage (optional)	▶	
	TOTAL This Period (last page this line number	only)	

			FOR LINE NUMBER: PAGE 9 / 149
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
[Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State Zip Code	Transaction ID: SA11AI.13878
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	425.00	
- B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		M · M / D · D / Y · Y · Y · Y Y 0 9 0 3 2 0 1 0 2
	City	State Zip Code	Transaction ID: SA11AI.13951
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	450.00	
- С.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt
	Mailing Address 2746 Sandhurst Dr.		09 17 YYYY 010
	City	State Zip Code	Transaction ID: SA11AI.14039
		OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	475.00	
[SUBTOTAL of Receipts This Page (optional)		75.00
ŀ			
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY C	VIVIC FUND	
. ×	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M · M / D · D / Y · Y · Y · Y 07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13639
	Powell FEC ID number of contributing federal political committee.	OH C	43065	Amount of Each Receipt this Period 80.00
	Name of Employer Motorists Mutual Insurance Co. Receipt For:		n, President and CEO Year-to-Date ▼	PAYROLL DEDUCTION BI-WEEK- LY \$80
_	Other (specify) ▼		1120.00]
ı	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.13730
	Powell FEC ID number of contributing federal political committee.	ОН	43065	Amount of Each Receipt this Period 80.00
	Name of Employer Motorists Mutual Insurance <u>Co.</u> Receipt For:	1 .	, President and CEO	PAYROLL DEDUCTION BI-WEEK- LY \$80
	Primary General Other (specify) ▼	Aggregate	Year-to-Date 1200.00	
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 0 8 06 2010
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.13804 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43003	80.00
	Name of Employer Motorists Mutual Insurance Co. Receipt For:		a, President and CEO Year-to-Date ▼	PAYROLL DEDUCTION BI-WEEK- LY \$80
	Primary General Other (specify) ▼		1280.00]
Γ	SUBTOTAL of Receipts This Page (optional).	1		240.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
. Z	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State	Zip Code	Transaction ID: SA11AI.13879
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance	Occupatio		PAYROLL DEDUCTION BI-WEEK- LY \$80
	Co. Receipt For:	1 -	n, President and CEO	_
	Primary General Other (specify) ▼		1360.00]
_	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13952
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	LY \$80
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1440.00]
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14040
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance <u>Co.</u>	Occupatio Chairma	n n, President and CEO	PAYROLL DEDUCTION BI-WEEK- LY \$80
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1520.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		240.00

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 149 (check only one) Image: Check only one) X 11a 11b 11c 12 I3 14 15 16 17
or for c	ormation copied from such Reports and Stat commercial purposes, other than using the na ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE CO	tements may not be sold or used by any person ame and address of any political committee to s	solicit contributions from such committee.
	Name (Last, First, Middle Initial) Richard B. Bowers		Date of Receipt
Mail	ling Address S86 W33540 Short Drive	9	M M / D D / Y Y Y Y 08 06 2010
City		State Zip Code	Transaction ID: SA11AI.13857
<u>Mu</u>	kwonago	WI 53149-9306	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	125.00
Nan Wils	ne of Employer son Mutual Ins. Co.	Occupation Director	Deduction of \$125
Rec	eipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	375.00	
	Name (Last, First, Middle Initial) . Annette Braet		Date of Receipt
Mai	ling Address 1831 265th Street		07 ^{//} /09 ^{//} /2010
City		State Zip Code	Transaction ID: SA11AI.13617
	lamus	IA 52729	Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.		20.00 PAYROLL DEDUCTION BI-WEEK-
	ne of Employer a Mutual Ins. Co.	Occupation V. P. Info Tech.	LY \$20
Rec	ceipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	280.00	
	Name (Last, First, Middle Initial) . Annette Braet		Date of Receipt
Mail	ling Address 1831 265th Street		07 / 23 / Y Y Y Y 02010
City		State Zip Code	Transaction ID: SA11AI.13712
		IA 52729	Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C	20.00 PAYROLL DEDUCTION BI-WEEK-
	ne of Employer a Mutual Ins. Co.	Occupation V. P. Info Tech.	LY \$20
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBT	OTAL of Receipts This Page (optional)		165.00
тота	L This Period (last page this line number or	ıly)	

SCHEDULE A (FEC Form 3X)	for each category of the	FOR LINE NUMBER: PAGE 13 / 149 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Detailed Summary Page Statements may not be sold or used by any person	13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		$\begin{array}{c c} M & M \\ \hline 0 & 8 \end{array} \begin{pmatrix} D & D \\ 0 & 6 \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ \end{array}$
City	State Zip Code	Transaction ID: SA11AI.13783
<u>Calamus</u>	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	PAYROLL DEDUCTION BI-WEEK- LY \$20
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		M M / D P Y
City	State Zip Code	Transaction ID: SA11AI.13861
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	LY \$20
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
Mailing Address 1831 265th Street		09 / D D / Y Y Y Y 09 / 03 / 2010
City	State Zip Code	Transaction ID: SA11AI.13934
Calamus	IA 52729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	LY \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 360.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet		Date of Receipt
	Mailing Address 1831 265th Street		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14022
	Calamus FEC ID number of contributing federal political committee.	IA 52729	Amount of Each Receipt this Period
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Tech.	PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
в.	Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Drive		Date of Receipt
	City	State Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.13640
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Com- pany Descript Fam	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 210.00	
<u>-</u> С.	Full Name (Last, First, Middle Initial) William P. Brestle Mailing Address 3979 Chancellor Drive		Date of Receipt
			07 23 2010
	City <u>Grove city</u>	State Zip Code OH 43123	Transaction ID: SA11AI.13731 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany Descript Form	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date 225.00	
	SUBTOTAL of Receipts This Page (optional)	•	50.00
ſ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 149 (check only one) 11a 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	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		08 / D D / Y Y Y Y 08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13805
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	240.00	
В.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		0 8 / D D / Y Y Y Y 0 8 2 0 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13880
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	255.00	
С.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13953
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	270.00	
	SUBTOTAL of Receipts This Page (optional)	·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 149 (check only one) 11c 12 X 11a 11b 11c 12 12 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) William P. Brestle		Date of Receipt
	Mailing Address 3979 Chancellor Drive		0 9 1 7 Y Y Y Y 0 9 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14041
	Grove city	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	285.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	I	Date of Receipt
	Mailing Address 5300 State Route 203		07 / 09 / Y Y Y Y 010 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.13618
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	210.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	•	Date of Receipt
	Mailing Address 5300 State Route 203		07 / 23 / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13713
	Radnor	OH 43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17/149 (check only one)
			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	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt
	Mailing Address 5300 State Route 203			08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.13784
	Radnor	OH	43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		240.00]
– В.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	I		Date of Receipt
	Mailing Address 5300 State Route 203			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.13862
	Radnor	OH	43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant		PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)		255.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	l		Date of Receipt
	Mailing Address 5300 State Route 203			M M / D D / Y Y Y Y 09 / 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13935
	Radnor	ОН	43066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistant		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		270.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		45.00
F	TOTAL This Period (last page this line number			

		FOR LINE NUMBER: PAGE 18/149
SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may not be sold or used by any perso ame and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUTUAL INSURANCE CO	DMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Mr. Jon A. Bright		Date of Receipt
Mailing Address 5300 State Route 203		09 / D D / Y Y Y Y 09 17 2010
City	State Zip Code	Transaction ID: SA11AI.14023
Radnor	OH 43066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:	Aggregate Year-to-Date ▼]
Other (specify)	285.00	
Full Name (Last, First, Middle Initial) B. Tom Brock		Date of Receipt
Mailing Address 665 Woodduck Ct.		M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.13641
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	LEY \$15
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify)	210.00	
Full Name (Last, First, Middle Initial) C. Tom Brock		Date of Receipt
Mailing Address 665 Woodduck Ct.		07 / 23 / Y Y Y Y 2010
City	State Zip Code	Transaction ID: SA11AI.13732
Columbus	OH 43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAYROLL DEDUCTION BI-WEEK-
Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	LEY \$15
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		45.00
	•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		COMPANY CIVIC FUND	T
Α.	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt
	Mailing Address 665 Woodduck Ct.		08 / D D / Y Y Y Y 08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13806
	Columbus FEC ID number of contributing	OH 43215	Amount of Each Receipt this Period
	federal political committee.		15.00
	Name of Employer Motorists Mutual Ins Co	Occupation	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For:	Asst. VP Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	240.00	
- B.	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt
	Mailing Address 665 Woodduck Ct.		08 / D D / Y Y Y Y 08 / 20 / 2010
	City	State Zip Code	Transaction ID: SA11AI.13881
	<u>Columbus</u>	OH 43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	255.00	
- C.	Full Name (Last, First, Middle Initial) Tom Brock	1	Date of Receipt
	Mailing Address 665 Woodduck Ct.		0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13954
	Columbus FEC ID number of contributing	OH 43215	Amount of Each Receipt this Period
	federal political committee.		PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	LEY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	45.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Tom Brock		Date of Receipt
	Mailing Address 665 Woodduck Ct.		09 / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14042
	Columbus	OH 43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	285.00]
- B.	Full Name (Last, First, Middle Initial) Duane L. Cable	I	Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		07 / D D / Y Y Y Y 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.13642
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	210.00	
- C.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		07 / D D / Y Y Y Y 023 2010
	City	State Zip Code	Transaction ID: SA11AI.13733
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
ſ			45.00
╞	SUBTOTAL of Receipts This Page (optional)	••••••	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca Detailed Su	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 21 / 149 (check only one) Image: Constraint of the second seco
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any po	litical committee to s	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
	Mailing Address 6984 Linbrook Blvd.			0 8 / 0 6 / Y Y Y Y 0 8 / 0 6 / 2 0 1 0
	City Columbus	State Zip Code OH 43235		Transaction ID: SA11AI.13807
	FEC ID number of contributing federal political committee.	OH 43235		Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Duane L. Cable Mailing Address 6984 Linbrook Blvd.			Date of Receipt
	City	State Zip Code		0 8 2 0 2 0 1 0 Transaction ID: SA11AI.13882
	Columbus	OH 43235		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	_	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00	
C.	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt
	Mailing Address 6984 Linbrook Blvd.			09 / D / Y Y Y Y 2010
	City	State Zip Code		Transaction ID: SA11AI.13955
	Columbus FEC ID number of contributing federal political committee.	OH 43235	0 0	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	_	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	270.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	45.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 149 (check only one) 11a 11b 11c 12 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14043
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	285.00	
В.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13643
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	210.00	
с.	Full Name (Last, First, Middle Initial) Thomas D. Campana	L	Date of Receipt
	Mailing Address 6436 Meadow Glen N		07 23 Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13734
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 225.00	
_	Other (specify)		
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		0 8 0 6 Y Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13808
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	
в.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
υ.	Mailing Address 6436 Meadow Glen N		0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13883
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	1
	Other (specify)	255.00	
C.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13956
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 270.00	1
-	Other (specify) v		
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS) Use separate sch for each category Detailed Summar	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Thomas D. Campana		Date of Receipt
Mailing Address 6436 Meadow Glen	Ν	09 17 2010
City	State Zip Code	Transaction ID: SA11AI.14044
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	285.00
Full Name (Last, First, Middle Initial)	0 0 0 0 0 0 0	
B. Mr. Grady Campbell		Date of Receipt
Mailing Address 5760 Whispering Tr	ail	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.13644
Galena	OH 43021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEELY
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services	\$25
Receipt For:	Aggregate Year-to-Date V	
Other (specify)		350.00
Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
Mailing Address 5760 Whispering Tr	ail	M M / D D / Y
City	State Zip Code OH 43021	Transaction ID: SA11AI.13735
Galena FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services	AYROLL DEDUCTION BI-WEELY \$25
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼		375.00
SUBTOTAL of Receipts This Page (optional		65.00
TOTAL This Period (last page this line numb		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
A c	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
. Z	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13809
	Galena	OH	43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Sr. VP M	ⁿ larketing Services & PL	PAYROLL DEDUCTION BI-WEELY
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 400.00]
	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail	I		Date of Receipt
			7.0.1	08 20 2010
	City <u>Galena</u>	State OH	Zip Code 43021	Transaction ID: SA11AI.13884 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Sr. VP M	n larketing Services & PL	PAYROLL DEDUCTION BI-WEELY \$25
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 425.00]
	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt
	Mailing Address 5760 Whispering Trail			0 9 0 3 2 0 1 0
	City Galena	State OH	Zip Code 43021	Transaction ID: SA11AI.13957
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Sr. VP M	n larketing Services & PL	PAYROLL DEDUCTION BI-WEELY
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 450.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt
	Mailing Address 5760 Whispering Trail		09 17 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.14045
	Galena	OH 43021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	PAYROLL DEDUCTION BI-WEELY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	475.00	
в.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		07 / 09 / Y Y Y Y 07 09
	City	State Zip Code	Transaction ID: SA11AI.13645
	Dublin FEC ID number of contributing federal political committee.	OH 43017	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	350.00]
- C.	Full Name (Last, First, Middle Initial) John D. Coffman	I	Date of Receipt
	Mailing Address 7042 Tralee Drive		07 23 Y Y Y Y 010
	City	State Zip Code	Transaction ID: SA11AI.13736
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	375.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	75.00
ľ	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
A c	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13810
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	400.00	
— 3.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State Zip Code	Transaction ID: SA11AI.13885
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	425.00]
 C.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M M / D D / Y Y Y Y 0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13958
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	450.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00
F	CODICIAL OF NECEIPIS THIS Faye (Optional)		
ŀ	TOTAL This Period (last page this line number	only)	

			FOR LINE NUMBER: PAGE 28 / 149
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 149 (check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a \prod 11b \prod 11c \prod 12
		Detailed Summary Fage	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)		
	> MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt
	Mailing Address 7042 Tralee Drive		M = M / D = D / Y
	City	State Zip Code	Transaction ID: SA11AI.14046
	Dublin	OH 43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Tax Division	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	475.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street (Ct.	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13619
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Insurance Com-	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General		
	Other (specify)	350.00	
с	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street (Ct.	07 / 23 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.13714
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Iowa Mutual Insurance Com- pany	Occupation President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify)	375.00	
ſ			75.00
Ļ	SUBTOTAL of Receipts This Page (optional)	••••••	13.00
	TOTAL This Period (last page this line number	only)	

	OULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any inform or for com	ation copied from such Reports and S nercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	OF COMMITTEE (In Full) PRISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	ne (Last, First, Middle Initial) mas R Cole		Date of Receipt
Mailing	Address 712 South 9th Street (Ct.	0 8 / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.13785
Eldridg	ge	IA 52748	Amount of Each Receipt this Period
	number of contributing political committee.	C	
Name o Iowa Mi pany	f Employer utual Insurance Com-	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt		Aggregate Year-to-Date V	
	rimary General ther (specify) v	400.00]
	me (Last, First, Middle Initial) mas R Cole		Date of Receipt
Mailing	Address 712 South 9th Street (Ct.	0 8 / D D / Y Y Y Y 2 0 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.13863
<u>Eldrid</u>	ge	IA 52748	Amount of Each Receipt this Period
	number of contributing political committee.	C	25.00
Name o Iowa Mi pany	f Employer utual Insurance Com-	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt		Aggregate Year-to-Date 🔻	_
	rimary General ther (specify) v	425.00]
	me (Last, First, Middle Initial) mas R Cole		Date of Receipt
Mailing	Address 712 South 9th Street (Ct.	M M / D D / Y Y Y Y 09 03 2010
City		State Zip Code	Transaction ID: SA11AI.13936
<u>Eldrid</u>	ge	IA 52748	Amount of Each Receipt this Period
	number of contributing political committee.	C	25.00
pany	f Employer utual Insurance Com-	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt		Aggregate Year-to-Date ▼	_
	rimary General ther (specify) v	450.00	
SUBTOT	AL of Receipts This Page (optional)		75.00
		r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt
	Mailing Address 712 South 9th Street C	Ct.	09 / 17 / Y Y Y Y 09 / 17
	City	State Zip Code	Transaction ID: SA11AI.14024
	Eldridge FEC ID number of contributing federal political committee.	IA 52748	Amount of Each Receipt this Period 25.00
	Name of Employer Iowa Mutual Insurance Com- pany	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00]
- В.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper Mailing Address 10544 Smoke Road, S	I SW	Date of Receipt
			07 09 2010
	City Pataskala	State Zip Code OH 43062	Transaction ID: SA11AI.13646 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00]
- C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, S	W	07 23 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.13737
	Pataskala FEC ID number of contributing federal political committee.	OH 43062	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00]
ſ	SUBTOTAL of Receipts This Page (optional)	<u>ا</u>	55.00
-	TOTAL This Period (last page this line number	only)	

	IEDULE A (FEC Form 3X) /IIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any in or for	formation copied from such Reports and commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURANCE			
	II Name (Last, First, Middle Initial) thleen M. Cooper			Date of Receipt
Ma	iling Address 10544 Smoke Road,	SW		0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0
Cit	•	State	Zip Code	Transaction ID: SA11AI.13811
	ataskala	OH	43062	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		15.00
Na Mo	me of Employer otorists Mutual Ins. Com-	Occupatio Assist. V		PAYROLL DEDUCTION BI-WEEK- LY \$15
<u>pa</u> Re	ny ceipt For:		• Year-to-Date 🔻	_
	Primary General Other (specify) ▼		240.00]
	ll Name (Last, First, Middle Initial) thleen M. Cooper			Date of Receipt
	Mailing Address 10544 Smoke Road, SW			0 8 2 0 2 0 1 0
Cit	у	State	Zip Code	Transaction ID: SA11AI.13886
<u>Pa</u>	ataskala	OH	43062	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		15.00
Mo	me of Employer otorists Mutual Ins. Com-	Occupatio Assist. V		PAYROLL DEDUCTION BI-WEEK- LY \$15
<u>pa</u> Re	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 255.00]
	II Name (Last, First, Middle Initial)			Date of Receipt
	thleen M. Cooper illing Address 10544 Smoke Road,	SW		0 9 0 3 2 0 1 0
Cit	у	State	Zip Code	Transaction ID: SA11AI.13959
<u>Pa</u>	ataskala	OH	43062	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		
Na Mo pa	me of Employer torists Mutual Ins. Com- ny	Occupatio Assist. V		PAYROLL DEDUCTION BI-WEEK- LY \$15
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00]
				45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, S	W	M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14047
	Pataskala	OH 43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	285.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13647
	<u>Gahanna</u>	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	LY \$15
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 210.00	
С.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.13738
	Gahanna	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 149 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
۱.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13812
	Gahanna	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Life Ins. Co.	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Assistant Vice President Life Adm. Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	240.00]
. –	Full Name (Last, First, Middle Initial) Mrs. Camille Craig	J	Date of Receipt
	Mailing Address 4282 Hunts Drive		0 8 / D D / Y Y Y Y 0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13887
	Gahanna	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 255.00	
_	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13960
	Gahanna	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 270.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	I	45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 149 (check only one) 11a 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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		09 / 17 / Y Y Y Y 009 / 17
	City	State Zip Code	Transaction ID: SA11AI.14048
	Gahanna	OH 43230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Life Ins. Co.	Occupation Assistant Vice President Life Adm.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General	285.00	
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
2.	Mailing Address 53 Nottingham Road		07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13648
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	210.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
0.	Mailing Address 53 Nottingham Road		
	City	State Zip Code	Transaction ID: SA11AI.13739
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
ſ	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		08 06 Y Y Y Y Y 08 06
	City	State Zip Code	Transaction ID: SA11AI.13813
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13888
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	 PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	255.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13961
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00]
	SUBTOTAL of Receipts This Page (optional)	······	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14049
	Columbus	OH 43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	285.00	
- В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	•	Date of Receipt
Б.	Mailing Address 5922 Coventry Lake D	rive	0 7 0 9 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13649
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	1	Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	07 23 Y Y Y Y 010 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13740
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	375.00]
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	65.00
-	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13814
	<u>Hilliard</u>	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	400.00	
- B.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	08 / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13889
	<u>Hilliard</u>	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	425.00	
- C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson	1	Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13962
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	450.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00
ľ	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake D	rive	0 9 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14050
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	475.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road	07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13631
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	LY \$57.60
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	806.40	
— C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road	M M / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13724
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$57.60
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	
s	UBTOTAL of Receipts This Page (optional)	۱	140.20
	OTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 149 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	e Road	08 06 Y Y Y Y Y 08 06
	City	State Zip Code	Transaction ID: SA11AI.13797
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance	Occupation Director	LY \$57.60
	<u>Co.</u> Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	921.60]
В.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge	e Road	0 8 / ^D D / Y Y Y Y 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13873
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57.60 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	LY \$57.60
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 979.20]
С.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	1	Date of Receipt
	Mailing Address 7542 East Rush Ridge	e Road	M M / D D / Y Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13946
	Bloomington	IN 47401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Insurance Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$57.60
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1036.80]
	SUBTOTAL of Receipts This Page (optional)	۱ 	172.80
	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	te schedule(s) tegory of the immary Page	FOR LINE NUMBER: PAGE 40 / 149 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may not be sold or name and address of any po	used by any persor litical committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester			Date of Receipt
	Mailing Address 7542 East Rush Ridge	Road		09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code		Transaction ID: SA11AI.14034
	Bloomington	IN 47401		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.60 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance	Occupation Director		LY \$57.60
	Co. Receipt For:	Aggregate Year-to-Date	▼	-
	Primary General Other (specify) ▼		1094.40	
— В.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp			Date of Receipt
	Mailing Address 3123 Summit Street			07 / 09 / Y Y Y Y 001 0
	City	State Zip Code		Transaction ID: SA11AI.13650
	Columbus	OH 43202		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP		LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	210.00	
 C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp			Date of Receipt
	Mailing Address 3123 Summit Street			07 / 23 / Y Y Y Y 02010
	City	State Zip Code		Transaction ID: SA11AI.13741
	Columbus FEC ID number of contributing	OH 43202		Amount of Each Receipt this Period 15.00
	federal political committee.			
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	_	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	225.00	
s	UBTOTAL of Receipts This Page (optional)		`	87.60
	OTAL This Period (last page this line number of		r	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 149 (check only one) 11a 11b 11c 12 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 NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street		Date of Receipt
			08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13815
	Columbus FEC ID number of contributing federal political committee.	OH 43202	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
— В.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street		Date of Receipt
	-		08 20 2010
	City Columbus	State Zip Code OH 43202	Transaction ID: SA11AI.13890
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 255.00	
– C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13963
	Columbus	OH 43202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance <u>Co.</u> Receipt For:	Occupation Asst VP	LY \$15
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	······	45.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (I ITEMIZED RECI	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 149 (check only one)
Any information copied fr or for commercial purpos	es, other than using the name a	ts may not be sold or used by any person nd address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
MOTORISTS MUT	TUAL INSURANCE COMP	ANY CIVIC FUND	
Full Name (Last, First Joseph P Fullenkamp	, Middle Initial)		Date of Receipt
Mailing Address 31	23 Summit Street		09 17 YYYY 009 10
City		ate Zip Code	Transaction ID: SA11AI.14051
Columbus	0	H 43202	Amount of Each Receipt this Period
FEC ID number of con federal political comm			15.00
Name of Employer Motorists Mutual Insu Co.	rance Occ Ass	upation t VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:		regate Year-to-Date 🔻	
Other (specify)	General ▼	285.00	
Full Name (Last, First Rolf H. Gesen			Date of Receipt
Mailing Address 63	Penacook Rd.		07 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y
City		ate Zip Code	Transaction ID: SA11AI.13711
<u>Contoocook</u>	N	H 03229	Amount of Each Receipt this Period
FEC ID number of co federal political comm			162.50 Qtrly Cash Contribution
Name of Employer Phenix Mutual		upation sident	
Receipt For: Primary	Agg General	regate Year-to-Date 🔻	
Other (specify)		1137.50	
Full Name (Last, First Mrs. Jeanne I. Gibbons			Date of Receipt
Mailing Address 14	Burreed Court		M M / D D / Y
City		ate Zip Code	Transaction ID: SA11AI.13652
Pataskala	O	H 43062	Amount of Each Receipt this Period
FEC ID number of co federal political comm			
Name of Employer Motorists Mutual Ins. pany	Com- Occ Ass	upation ist. V. P. Personal Lines Adm.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:	Agg General	regate Year-to-Date 🔻	
Other (specify)		210.00	
SUBTOTAL of Receipts	This Page (optional)	·····	192.50
TOTAL This Period (las	t page this line number only)	·····	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 43 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FL	JND	
× ٩.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			07 23 Y Y Y Y 07 23 D D 7 Y Y Y Y
	City	State Zip C	Code	Transaction ID: SA11AI.13743
	Pataskala	<u>OH 4306</u>	62	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P. Pers	anal Linco Adm	PAYROLL DEDUCTION BI-WEEK- LY \$15
	pany Receipt For:	Aggregate Year-to-D		_
	Primary General Other (specify) ▼		225.00]
- 3.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			M M / D D / Y Y Y Y 08 / 06 / 2010
	City	State Zip C		Transaction ID: SA11AI.13817
	Pataskala	<u>OH 4306</u>	52	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P. Pers	onal Lines Adm	LY \$15
	pany Receipt For:	Aggregate Year-to-D		-
	Primary General Other (specify) ▼		240.00]
-	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			M M / D D / Y
	City	State Zip C		Transaction ID: SA11AI.13892
	Pataskala	<u>OH 4306</u>	52	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P. Pers		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-D		-
	Other (specify)		255.00	
Γ		1		45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 149 (check only one) 11a 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	tatements may name and add	not be sold or used by any perserverse of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY (CIVIC FUND	
۴ A.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			0 9 / D D / Y Y Y Y 0 9 0 3 20 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13965
	Pataskala	OH	43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com-	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$15
	pany Receipt For:	1	P. Personal Lines Adm. Year-to-Date V	_
	Primary General Other (specify) ▼		270.00]
- B.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.14053
	Pataskala	OH	43062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany		P. Personal Lines Adm.	LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 285.00]
- C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast		07 09 Y Y Y Y 007 09
	City	State	Zip Code	Transaction ID: SA11AI.13653
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTIONS BI-WEE-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Marke	eting	KLY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 210.00]
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 149 (check only one) (check only one) 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 may e name and add	/ not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (
۷ A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast		M M / D D / Y Y Y Y 07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.13744
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Marke		PAYROLL DEDUCTIONS BI-WEE- KLY \$15
	Receipt For:	Aggregate	Year-to-Date	
	Primary General Other (specify) ▼	0 0	225.00	
– В.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast		0 8 / D D / Y Y Y Y 0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13818
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Marke		PAYROLL DEDUCTIONS BI-WEE- KLY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 240.00	
– c.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, E	ast		M M / D D / Y Y Y Y 0 8 20 2010
	City Powell	State OH	Zip Code 43065	Transaction ID: SA11AI.13893 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43003	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Marke		PAYROLL DEDUCTIONS BI-WEE- KLY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Γ	SUBTOTAL of Receipts This Page (optional)			45.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summa	chedule(s) ry of the	FOR LINE NUMBER: PAGE 46 / 149 (check only one) (check only one) 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			for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
۷ A.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code		Transaction ID: SA11AI.13966
	Powell	OH 43065		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	8	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Marketing		PAYROLL DEDUCTIONS BI-WEE- KLY \$15
	pany Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		270.00	
- B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	ast		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code		Transaction ID: SA11AI.14054
	Powell	OH 43065		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation VP Marketing		PAYROLL DEDUCTIONS BI-WEE- KLY \$15
	pany Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		285.00	
- C.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
	Mailing Address 4819 St. Andrews Circ	e		07 09 2010
	City	State Zip Code		Transaction ID: SA11AI.13656
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		210.00	
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
╞			F	
	TOTAL This Period (last page this line number	orny)	····· P	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 47 / 149 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold c e name and address of any p	or used by any perso political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUNE)	
A.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
	Mailing Address 4819 St. Andrews Cir	cle		07 23 YYYY 010
	City	State Zip Code	9	Transaction ID: SA11AI.13745
	Westerville FEC ID number of contributing	<u>OH 43082</u>		Amount of Each Receipt this Period
	federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Asst. VP Aggregate Year-to-Date	. ▼	_
	Primary General		225.00	1
	Other (specify)			1
- В.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
υ.	Mailing Address 4819 St. Andrews Cir	cle		M M / D D / Y Y Y Y
	City	State Zip Code	9	08062010 Transaction ID: SA11AI.13819
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date	• 🔻	_
	Primary General Other (specify) ▼		240.00	
- C.	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
•	Mailing Address 4819 St. Andrews Cir	cle		08 20 2010
	City	State Zip Code	9	Transaction ID: SA11AI.13894
	Westerville	OH 43082		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		255.00	
ſ	SUBTOTAL of Receipts This Page (optional).	1		45.00
ŀ				
	TOTAL This Period (last page this line numbe	r only)	····· •	

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any informatic or for commer	on copied from such Reports and s rcial purposes, other than using th	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	COMMITTEE (In Full) ISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
Full Name	(Last, First, Middle Initial) ciale			Date of Receipt
Mailing Ad	dress 4819 St. Andrews Cire	cle		0 9 / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.13967
	IIe Imber of contributing itical committee.	<u>он</u>	43082	Amount of Each Receipt this Period 15.00
Name of E Motorists	mployer Nutual Ins Co.	Occupatio Asst. VP		PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt Fo Prim Othe		Aggregate	e Year-to-Date ▼ 270.00]
B. Full Name Dino Guano Mailing Ad				Date of Receipt
			Zin Codo	09 17 2010
City <u>Westervi</u>	lle	State OH	Zip Code 43082	Transaction ID: SA11AI.14055 Amount of Each Receipt this Period
FEC ID nu	mber of contributing itical committee.	C		15.00
Name of E Motorists N	mployer Mutual Ins Co.	Occupatio Asst. VP		PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt Fo		Aggregate	e Year-to-Date ▼ 285.00]
Full Name C. Mrs. Susan	(Last, First, Middle Initial)			Date of Receipt
	dress 7494 Heffley Court			M M / D D / Y Y Y Y 07 09 2010
City Canal W	inchester	State OH	Zip Code 43110	Transaction ID: SA11AI.13657 Amount of Each Receipt this Period
FEC ID nu	interior of contributing itical committee.	C		25.00
Group	ists Insurance		nd Asst. Secretary	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt Fo Prim Othe		Aggregate	e Year-to-Date ▼ 350.00]
SUBTOTAL	of Receipts This Page (optional) .			55.00
	Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	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 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13746
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer The Motorists Insurance	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Group Receipt For:	Sr. VP and Asst. Secretary	_
	Primary General	Aggregate Year-to-Date	
	Other (specify)	375.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	1	Date of Receipt
	Mailing Address 7494 Heffley Court	0 8 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13820
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer The Motorists Insurance	Occupation Sr. VP and Asst. Secretary	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Group Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	1	Date of Receipt
	Mailing Address 7494 Heffley Court		08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13895
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	425.00	
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00
┝	SUBTUTAL OF RECEIPTS THIS Page (optional)	•••••••	
	TOTAL This Period (last page this line number	only)	

				FOR LINE NUMBER: PAGE 50 / 149
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
ţ.	NAME OF COMMITTEE (In Full)			
	> MOTORISTS MUTUAL INSURANCE C	OMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			09 / D D / Y Y Y Y 09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13968
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	PAYROLL DEDUCTION BI-WEEK-
	The Motorists Insurance Group	Sr. VP a	nd Asst. Secretary	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		450.00	1
		0 0	0 0 0 0 0 0 0	1
- В.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
р.	Mailing Address 7494 Heffley Court			
				09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.14056
	Canal Winchester	ОН	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	PAYROLL DEDUCTION BI-WEEK-
	The Motorists Insurance Group	-	nd Asst. Secretary	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	475.00	
- C.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
0.	Mailing Address 5999 Lane Road			07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13658
	Centerburg	ОН	43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		PAYROLL DEDUCTION BI-WEEK- LY \$15
	pany Receipt For:		e Year-to-Date 🔻	-
	Primary General		210.00	1
	Other (specify) 🔻	0 0		1
[65.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number of	only)		

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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 149 (check only one)
	ITEMIZED RECEIPTS	for each category of the	\mathbf{X} 11a \mathbf{I} 11b \mathbf{I} 11c \mathbf{I} 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall	Date of Receipt	
	Mailing Address 5999 Lane Road		07 / 23 / Y Y Y 07 23 010
	City	State Zip Code	Transaction ID: SA11AI.13747
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	PAYROLL DEDUCTION BI-WEEK-
	pany Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General		
	Other (specify) ▼	225.00	
_	Full Name (Last, First, Middle Initial)		
В.	Marc S. Hall Mailing Address 5999 Lane Road		Date of Receipt
	Maining Address 5999 Lane Road	08 06 Y Y Y Y Y 08 06	
	City	State Zip Code	Transaction ID: SA11AI.13821
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	240.00	
С.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
υ.	Marc S. Hall Mailing Address 5999 Lane Road		$\begin{array}{c c} & \text{Date of Receipt} \\ \hline \\ & 0 \\ 8 \\ \end{array} \begin{pmatrix} \text{D} & \text{D} \\ 2 \\ 0 \\ \end{array} \begin{pmatrix} \text{Y} & \text{Y} \\ \text{Y} \\ 2 \\ 0 \\ 1 \\ \end{array} \end{pmatrix}$
	City	State Zip Code	Transaction ID: SA11AI.13896
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	255.00	
	SUBTOTAL of Receipts This Page (optional)	I	45.00
	TOTAL This Period (last page this line number		
	Terre The Tonog (dot page this inte fulliber		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 149
	TEMIZED RECEIPTS	for each category of the	
•		Detailed Summary Page	
Г	Annuinformation annial fram anala Danasta and f		13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
		COMPANY CIVIC FUND	
, ∠ A.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
Α.	Mailing Address 5999 Lane Road		
	Maining / Marioso 3999 Lane Moad	09 03 2010	
	City	State Zip Code	Transaction ID: SA11AI.13969
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing		15.00
	federal political committee.	С	15.00
		Occurretion	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Ins. Com-	Occupation	LY \$15
	pany Receipt For:	Assist. V. P.	-
	Primary General	Aggregate Year-to-Date	
	Other (specify)	270.00	
_	Full Name (Last, First, Middle Initial)		
В.	Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		
	0.1		09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14057
	Centerburg	OH 43011	Amount of Each Receipt this Period
	FEC ID number of contributing	С	15.00
	federal political committee.		
	Name of Employer	Occupation	A PAYROLL DEDUCTION BI-WEEK-
	Motorists Mutuál Ins. Com- pany	Assist. V. P.	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	295.00	
	Other (specify)	285.00	
_			
C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
0.	Mailing Address 813 East College Ave	nue	
			07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13659
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing	C	15.00
	federal political committee.		
	Name of Employer	Occupation	A PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Assist. V. P.	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) 🔻	210.00	
-			-
			45.00
	SUBTOTAL of Receipts This Page (optional)		45.00
F			
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 149 (check only one) 11a 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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	lue	07 23 Y Y Y Y 010 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.13748
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	225.00	
в.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	M M / D D / Y Y Y Y 08 06 2010	
	City	State Zip Code	Transaction ID: SA11AI.13822
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) $right variable and the second seco$	240.00	
с.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	ue	0 8 / D D / Y Y Y Y 0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13897
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
[SUBTOTAL of Receipts This Page (optional)	I	45.00
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (In SURANCE	name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	ue	09 / D D / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.13970
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	270.00]
В.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Aven	0 9 / 1 7 / Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.14058
	Westerville	OH 43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	285.00	
с.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washingto	on Drive	M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13624
	Howards Grove	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00]
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 149 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	Statements may not be sold or used by any persi- he name and address of any political committee to E COMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washing	iton Drive	Date of Receipt
		-	07 23 2010
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.13718 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. James F Hayon Mailing Address 1020 South Washing	aton Drive	Date of Receipt
		08 06 2010	
	City Howards Grove	State Zip Code WI 53083	Transaction ID: SA11AI.13790 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
-	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washing	yton Drive	0 8 / D D / Y Y Y Y 0 8 2 0 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13867
	Howards Grove FEC ID number of contributing federal political committee.	WI 53083	Amount of Each Receipt this Period 15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00]
Γ	SUBTOTAL of Receipts This Page (optional)		45.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washington	on Drive	09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13940
	Howards Grove	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	V. P. Claims Aggregate Year-to-Date V	_
	Primary General Other (specify)	270.00	
-			
в.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washington	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.14028
	Howards Grove	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	285.00	
C.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	1	Date of Receipt
0.	Mailing Address 9725 Wagonwood Driv	/e	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.13663
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
[SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only) 🕨	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
	Mailing Address 9725 Wagonwood Driv	/e	07 23 Y Y Y Y 07 2010
	City	State Zip Code	Transaction ID: SA11AI.13749
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	225.00	
в.	Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
	Mailing Address 9725 Wagonwood Driv	08 / D D / Y Y Y Y 08 06 2010	
	City	State Zip Code	Transaction ID: SA11AI.13823
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
С.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	I	Date of Receipt
	Mailing Address 9725 Wagonwood Driv	/e	M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13898
	Pickerington	OH 43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	255.00	
	SUBTOTAL of Receipts This Page (optional)	· ······	45.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 149 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
. r	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
	Mailing Address 9725 Wagonwood Dr	ive		M M / D D / Y Y Y Y 09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13971
	Pickerington	OH	43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V	ⁿ '. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 270.00]
	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt
	Mailing Address 9725 Wagonwood Drive			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.14059
	Pickerington FEC ID number of contributing federal political committee.	OH C	43147	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assist. V	n '. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00]
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Roa	d		07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13664
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	1.1	inancial Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional) .			55.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (
∠ ۹.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	ł		07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.13750
	Columbus FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupatio		PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany Receipt For: Primary General Other (specify) ▼	1 1	inancial Operations Year-to-Date ▼ 375.00]
	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road	1		Date of Receipt
	City	State	Zip Code	0 8 0 6 2 0 1 0 Transaction ID: SA11AI.13824
	Columbus FEC ID number of contributing	OH	43235	Amount of Each Receipt this Period
	federal political committee.	C		PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	1 '	inancial Operations	LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 400.00]
_	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt
	Mailing Address 1409 Snowmass Road	ł		0 8 2 0 2 0 1 0
	City Columbus	State OH	Zip Code 43235	Transaction ID: SA11AI.13899 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life F	n Financial Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 425.00]
	SUBTOTAL of Receipts This Page (optional)	1		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
	Mailing Address 1409 Snowmass Road	M M / D D / Y Y Y Y 09 03 2010	
	City	State Zip Code	Transaction ID: SA11AI.13972
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com-	Occupation	LY \$25
	pany Receipt For:	VP Life Financial Operations	-
	Primary General Other (specify) ▼	450.00]
— В.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt
	Mailing Address 1409 Snowmass Road	09 17 Y Y Y Y 09 17	
	City	State Zip Code	Transaction ID: SA11AI.14060
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Life Financial Operations	LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00]
– C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.13666
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 210.00]
Γ	SUBTOTAL of Receipts This Page (optional)	·	65.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate se for each catego Detailed Summ	ory of the	FOR LINE NUMBER: PAGE 61 / 149 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or use name and address of any politica	ed by any person al committee to so	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
	Mailing Address 4556 Dirham Court			07 / 23 / Y Y Y 2010
	City	State Zip Code		Transaction ID: SA11AI.13751
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		225.00	
В.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
	Mailing Address 4556 Dirham Court			0 8 / D D / Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.13825
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		240.00	
C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
	Mailing Address 4556 Dirham Court			08 / D D / Y Y Y Y 08 20 2010
	City	State Zip Code		Transaction ID: SA11AI.13900
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		255.00	
	SUBTOTAL of Receipts This Page (optional)		····· •	45.00
	TOTAL This Period (last page this line number	only)	····· •	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
F	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY	CIVIC FUND	
⊻ A.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt
	Mailing Address 4556 Dirham Court			09 / D D / Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.13973
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com-	Occupatio Assist. V		PAYROLL DEDUCTION BI-WEEK-
	pany Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		270.00]
- B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	I		Date of Receipt
	Mailing Address 4556 Dirham Court			M M / D D / Y Y Y Y 09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.14061
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	285.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	I		Date of Receipt
	Mailing Address 6401 Possmore Lane			M M / D D / Y Y Y Y 07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13667
	Canal Winchester	OH	43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins Comp- any	Occupatio Assist. V		LY \$15
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		210.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I		45.00
╞				
	TOTAL This Period (last page this line number	ony)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13752
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	225.00	
в.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
υ.	Mailing Address 6401 Possmore Lane		M M D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13826
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]
C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M M / D D / Y Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13901
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ♥ 255.00]
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by a name and address of any political com	iny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13974
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	270	.00
В.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers		Date of Receipt
	Mailing Address 6401 Possmore Lane		0 9 / 1 7 / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14062
	Canal Winchester	OH 43110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins Comp- any	Occupation Assist. V. P.	LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	285	.00
C.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		07 09 Y Y Y Y 009 2010
	City	State Zip Code	Transaction ID: SA11AI.13625
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	350	.00
	SUBTOTAL of Receipts This Page (optional)		55.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		07 23 2010
	City Sheboygan	State Zip Code WI 53083	Transaction ID: SA11AI.13719 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 375.00	
- В.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser Mailing Address 5729 Superior Avenue	1 ?	Date of Receipt
	City	State Zip Code	08062010 Transaction ID: SA11AI.13791
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	LY \$25
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 400.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		M M / D D / Y
	City Shebovgan	State Zip Code WI 53083	Transaction ID: SA11AI.13868 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00]
Γ	SUBTOTAL of Receipts This Page (optional)	······	75.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13941
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00]
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser		Date of Receipt
	Mailing Address 5729 Superior Avenue		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14029
	Sheboygan	WI 53083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	475.00	
с.	Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt
	Mailing Address 7925 Greenside Lane		07 09 Y Y Y 07 09
	City	State Zip Code	Transaction ID: SA11AI.13668
	Worthington	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins Co	Occupation Executive VP	PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	420.00	
	SUBTOTAL of Receipts This Page (optional)		80.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 149 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y 07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.13753
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins Co	Occupatio Executive		PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For:		e Year-to-Date 🔻	-1
	Primary General Other (specify) ▼		450.00]
- B.	Full Name (Last, First, Middle Initial) David L. Kaufman	I		Date of Receipt
	Mailing Address 7925 Greenside Lane			0 8 / 0 6 / Y Y Y Y 0 8 / 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13827
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins Co	Occupatio Executive		PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	480.00]
- C.	Full Name (Last, First, Middle Initial) David L. Kaufman	<u>. </u>		Date of Receipt
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y 0 8 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.13902
	Worthington	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins Co	Occupatio Executive		PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	510.00	
Γ	SUBTOTAL of Possions This Does (actions)	<u> </u>		90.00
┝	SUBTOTAL of Receipts This Page (optional)			
	TOTAL 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: PAGE 68 / 149 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
۷ A.	, Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt
	Mailing Address 7925 Greenside Lane			M · M / D · D / Y · Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13975
	Worthington FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins Co	Occupatio Executiv		PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00]
- В.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt
				09 17 2010
	City Worthington	State OH	Zip Code 43235	Transaction ID: SA11AI.14063
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins Co	Occupatio Executiv		PAYROLL DEDUCTION BI-WEEK- LY \$30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 570.00]
- C.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
	Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y 07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13670
	Johnstown FEC ID number of contributing federal political committee.	OH C	43031	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co.	Occupatio VP and (PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 280.00]
ſ	SUBTOTAL of Receipts This Page (optional)			80.00
-	TOTAL This Period (last page this line number of	only)		

City State Zip Code Johnstown OH 43031 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.137 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI- Receipt For: Aggregate Year-to-Date P Primary General 300.00 Date of Receipt B. John C. Kessler Date of Receipt 2 Mailing Address 3910 Caswell Road M M 0 6 2 City State Zip Code Transaction ID: SA11AI.138 Johnstown OH 43031 Amount of Each Receipt this Per	Y Y) 1 0 i4
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road City State Zip Code Johnstown OH 43031 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL 137 Amount of Each Receipt Inis PA Amount of Each Receipt Inis PA Maining Address Occupation VP and CIO PAYPOLL DEDUCTION BI- Primary General Occupation VP and CIO Date of Receipt B. John C. Kessler Maining Address 3910 Caswell Road City State Zip Code Date of Receipt John C. Kessler Maining Address 3910 Caswell Road Date of Receipt Maining Address 3910 Caswell Road C Transaction ID: SA11AL 138 Amount of Each Receipt Inis PA Of 2 Transaction ID: SA11AL 138 Johnstown OH 43031 Amount of Each Receipt Inis PA FEC ID number of contributing federal political committee. C Transaction ID: SA11AL 138 Amount of Each Receipt Inis PA VP and CIO PAYPOLL DEDUCTION BI- Motorists Mutual In	0 1 0 54
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City State Zip Code Johnstown OH 43031 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Price Name of Employer Occupation VP and CIO Mailing Address 3910 Caswell Road Aggregate Year-to-Date ▼ PAYROLL DEDUCTION Bi- State Zip Code Milling Address 3910 Caswell Road Date of Receipt Mailing Address 3910 Caswell Road OH 43031 FEC ID number of contributing federal political committee. Date of Receipt Mailing Address 3910 Caswell Road OH 43031 PAYROLL DEDUCTION Bi- VP and CIO Receipt For: OH 43031 Payre of Employer Payre of Employer Mailing Address 3910 Caswell Road OH 43031 Payre of Employer Payre of Employer Mame of Employer Occupation VP and CIO Payre of Employer Payre of Employer Payre of Employer Motorists Mutual Ins. Co. Occupation VP and CIO Payre of Employer Payre of Employer Motorists Mutual Ins. Co. Occupation VP and CIO Payre of Employer Payre of	0 1 0 54
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federal political committee. Part of Employer Motorists Mutual Ins. Co. Primary General Other (specify) ▼ General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Date of Receipt B. Full Name (Last, First, Middle Initial) John C. Kessler Date of Receipt Mailing Address 3910 Caswell Road OH 43031 Transaction ID: SA11AI.138 Johnstown OH 43031 Part Primary Part Primary Name of Employer Motorists Mutual Ins. Co. VP and CIO Part Primary Part Primary Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO Part Primary Part Primary Primary	
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Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) John C. Kessler Date of Receipt Mailing Address 3910 Caswell Road 0 6 1 2 2 City State Zip Code Johnstown OH 43031 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.138 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI- LY \$20 Receipt For: Aggregate Year-to-Date ▼ Table of Receipt For: Primary General 320.00 Other (specify) ▼ 320.00 Table of Receipt For: Primary General 320.00	
John C. Kessler Date of Receipt Mailing Address 3910 Caswell Road City State Zip Code Johnstown OH 43031 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.138 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI-LY \$20 Receipt For: Aggregate Year-to-Date ▼ S20.00 PAYROLL DEDUCTION BI-LY \$20 Full Name (Last, First, Middle Initial) First, Middle Initial) S20.00 S20.00	
City State Zip Code Transaction ID: SA11AI.138 Johnstown OH 43031 Amount of Each Receipt this Performance FEC ID number of contributing federal political committee. C PAYROLL DEDUCTION BI- Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI- Receipt For: Aggregate Year-to-Date ▼ State 320.00 Full Name (Last, First, Middle Initial) First, Middle Initial) State 200	
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FEC ID number of contributing federal political committee. C 2 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI-LY \$20 Receipt For: Aggregate Year-to-Date ▼ S20.00 Primary General Other (specify) ▼ 320.00 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	
federal political committee. Image: Committee. Image: Committee. PAYROLL DEDUCTION BI- Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO PAYROLL DEDUCTION BI- Receipt For: Aggregate Year-to-Date ▼ Image: Committee. PAYROLL DEDUCTION BI- Primary General 320.00 Image: Committee. Image: Committee. Full Name (Last, First, Middle Initial) Image: Committee. Image: Committee. Image: Committee.	riod
Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO LY \$20 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Image: Comparison of the system of the sy	0.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	VLLIX-
Other (specify) ▼ 320.00 Full Name (Last, First, Middle Initial)	
) 1 0
City State Zip Code Transaction ID: SA11AI.139	
Johnstown OH 43031 Amount of Each Receipt this Pe	riod
rederal political committee.	0.00
Name of Employer Motorists Mutual Ins. Co.Occupation VP and CIOPAYROLL DEDUCTION BI- LY \$20	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 340.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	D.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13976
	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	
- В.	Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt
	Mailing Address 3910 Caswell Road		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14064
	Johnstown	OH 43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIO	LY \$20
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	380.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13672
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	350.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	65.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 149
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ſ			
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
, A.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		07 / D D / Y Y Y Y 023 2010
	City	State Zip Code	Transaction ID: SA11AI.13755
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$25
	pany	Vice President	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	375.00	
- В.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13829
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com-	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	pany Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	400.00	
- C.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
С.	Mailing Address 6934 Roundwood Ct.		0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13904
	Dublin	OH 43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	425.00	
	SUBTOTAL of Receipts This Page (optional)		75.00
	TOTAL This Period (last page this line number		
		Jiiiy)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 149 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us	is and Statements may not be sold or used by any persor sing the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		
Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
Mailing Address 6934 Roundwoo	od Ct.	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.13977
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Anne B. King	I	Date of Receipt
Mailing Address 6934 Roundwoo	od Ct.	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.14065
Dublin	OH 43016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify) ▼	475.00	
Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
Mailing Address 1139 Tidewater	Court	07 09 2010
City	State Zip Code	Transaction ID: SA11AI.13673
Westerville	OH 43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	210.00	
SUBTOTAL of Receipte This Page (and	ional)	65.00
	number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		07 23 Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13756
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	225.00	
В.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court	0 8 / D D / Y Y Y Y 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13830
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	240.00	
C.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State Zip Code	Transaction ID: SA11AI.13905
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00]
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		0 9 / D D / Y Y Y Y 0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13978
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	270.00	
В.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court	M M / D D / Y Y Y Y 09 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.14066
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	285.00	
с.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		07 09 Y Y Y Y 07 09
	City	State Zip Code	Transaction ID: SA11AI.13674
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 210.00	1
	Other (specify)		
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Jeff Kirkey	Date of Receipt	
	Mailing Address 1749 Pinecone Court	M M / D D / Y Y Y Y 07 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.13757
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	225.00	
в.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court	0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13831
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	240.00	
C.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		08 20 Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13906
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 255.00	
	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 149 (check only one) 11a 11b 11c 12 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 NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court		0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13979
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	270.00	
- B.	Full Name (Last, First, Middle Initial) Jeff Kirkey		Date of Receipt
	Mailing Address 1749 Pinecone Court	M M / D D / Y Y Y Y 09 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.14067
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) v	285.00	
с.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13626
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱	50.00
	TOTAL This Period (last page this line number	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		07 / 23 / Y Y Y Y 010
	City	State Zip Code	Transaction ID: SA11AI.13720
	Manitowoc	WI 45220	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify)	300.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13792
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) The second	320.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin		Date of Receipt
	Mailing Address 728 South 29th Street		08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13869
	Manitowoc	WI 45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	340.00	
Γ	SUBTOTAL of Receipts This Page (optional)		60.00
	TOTAL This Period (last page this line number		

:	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 149
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
ſ	Any information copied from such Reports and Si or for commercial purposes, other than using the	statements may name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY (
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt
	Mailing Address 728 South 29th Street			09 / V Y Y Y 09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13942
	Manitowoc	WI	45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For:	1 · · · · · · ·	ncy Operations	_
	Primary General	Aggregate	Year-to-Date	
	Other (specify)		360.00	1
- В.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	•		Date of Receipt
	Mailing Address 728 South 29th Street			0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14030
	Manitowoc	WI	45220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For:	1 · · · · ·	ncy Operations	
	Primary General	Ayyreyale		1
	Other (specify) v	0 0	380.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence			Date of Receipt
	Mailing Address 8447 Priestley Drive			07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13622
	Reynoldsburg	ОН	43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V		PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		310.00]
ſ				65.00
┝	SUBTOTAL of Receipts This Page (optional)		•••••	
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		
	City	State Zip Code	Transaction ID: SA11AI.13717
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	335.0	0
- В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive	0 8 / D D / Y Y Y Y 0 6 2010	
	City	State Zip Code	Transaction ID: SA11AI.13788
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	360.0	
- C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13866
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	385.0	0
ſ	SUBTOTAL of Receipts This Page (optional)		75.00
f	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13939
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	410.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence		Date of Receipt
	Mailing Address 8447 Priestley Drive		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14027
	Reynoldsburg	OH 43068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	LY \$25
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify)	435.00	
– c.	Full Name (Last, First, Middle Initial) Mr. David W. Lemon		Date of Receipt
	Mailing Address 345 Southshore Drive		08 06 Y Y Y Y 08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13796
	Greenback	TN 37742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer American Hardware Mutual Ins.	Occupation Director	deduction of \$125
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	375.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	175.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		07 / D D / Y Y Y Y 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.13677
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	pany Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	210.00	·
-			•
в.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court	07 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.13759
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist, V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	225.00	
С.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		0 8 / D D / Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13833
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	240.00	
[SUBTOTAL of Receipts This Page (optional)		45.00
ŀ	OUDITAL OF HOOGING THIS Tage (upilonal)		
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 149 (check only one) X 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 may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		
⊻ A.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13908
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	
– B.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court	09 / D D / Y Y Y Y 09 / 03 2010	
	City	State Zip Code	Transaction ID: SA11AI.13981
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	270.00	
– C.	Full Name (Last, First, Middle Initial) Michael Lisi	1	Date of Receipt
	Mailing Address 6740 Callaway Court		M M / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14069
	Westerville	OH 43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	285.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	45.00
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X)	ſ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 149
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may le name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE	COMPANY C		
Α.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
	Mailing Address 1002 Loch Ness Avenue			07 / 09 / Y Y Y Y 010
	City	State	Zip Code	Transaction ID: SA11AI.13678
	Worthington	OH	43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:		Year-to-Date V	_
	Primary General		210.00	1
_	Other (specify)	0 0		
B.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
	Mailing Address 1002 Loch Ness Avenue			07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.13760
	Worthington	OH	43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	225.00]
- C.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt
0.	Mailing Address 1002 Loch Ness Aven	nue		0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13834
	Worthington	OH	43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00]
ſ	SUBTOTAL of Receipts This Page (optional) .		`	45.00
ŀ	TOTAL This Period (last page this line number			
		· () · · · · · · · · · · · · · · · · · ·		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Aven	ue	M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13909
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	255.00	
в.	Full Name (Last, First, Middle Initial) Todd A. Long	•	Date of Receipt
υ.	Mailing Address 1002 Loch Ness Aven	0 9 0 3 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13982
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00]
с.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Aven	ue	09 17 Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14070
	Worthington	OH 43285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00]
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 85 / 149
		Use separate schedule(s) for each category of the	(check only one)
		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 may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
Þ			
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14	07 09 2010	
	City	State Zip Code	Transaction ID: SA11AI.13627
	DePere	WI 54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	210.00]
– B.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	I	Date of Receipt
	Mailing Address 535 Brule Road #14		M M / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13721
		WI 54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	225.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	1	Date of Receipt
	Mailing Address 535 Brule Road #14		0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13793
	DePere	WI 54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Marketing	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	45.00
┝	CODICINE OF NECERIAS THIS FAGE (OPTIONAL)	P	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 149 (check only one) (check only one) 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 may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY (
۷ A.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel				
	Mailing Address 535 Brule Road #14	08 / 20 / Y Y Y Y 2010			
	City	State	Zip Code	Transaction ID: SA11AI.13870	
		WI	54115	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Occupation Wilson Mutual Ins. Co. V.P. Mar			PAYROLL DEDUCTION BI-WEEK- LY \$15	
	Receipt For:	1	Year-to-Date V	-	
	Primary General Other (specify) ▼	0 0	255.00]	
- В.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel			Date of Receipt	
	Mailing Address 535 Brule Road #14			M M / D D / Y Y Y Y 0 9 0 3 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13943	
	DePere	WI	54115	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Mar		PAYROLL DEDUCTION BI-WEEK- LY \$15	
	Receipt For:	1 1	Year-to-Date V	_	
	Primary General Other (specify) ▼		270.00]	
- C.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel	1		Date of Receipt	
	Mailing Address 535 Brule Road #14			M M / D D / Y Y Y Y Y 09 17 2010	
	City	State	Zip Code	Transaction ID: SA11AI.14031	
	DePere	WI	54115	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			
	Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Mar		PAYROLL DEDUCTION BI-WEEK- LY \$15	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	285.00]	
ſ	SUBTOTAL of Receipts This Page (optional)	1		45.00	
╞	TOTAL This Period (last page this line number				
L		Offig)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
		COMPANY	CIVIC FUND	
۱.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13698
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual Ins.	Occupation Sr. VP &	n Chief Operating Officer	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 350.00]
-	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			07 23 Y Y Y Y 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.13780
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer American Hardware Mutual Ins.		Chief Operating Officer	LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]
_	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.13854
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer American Hardware Mutual Ins.	1 .	Chief Operating Officer	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 400.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (
. Z	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			0 8 / D D / Y Y Y Y 0 8 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.13929
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hardware Mutual		n Chief Operating Officer	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Ins. Receipt For:	1 1	Year-to-Date V	_
	Primary General Other (specify) ▼		425.00]
_	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			M M / D D / Y Y Y Y 09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.14002
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer American Hardware Mutual Ins.	Occupatio Sr. VP &	ⁿ Chief Operating Officer	LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00]
	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz			Date of Receipt
	Mailing Address 7705 Ridgeview Way			0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.14091
	Chanhassen	MN	55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer American Hardware Mutual Ins.	1 · · · · · · · · · · · · · · · · · · ·	Chief Operating Officer	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
	Mailing Address 575 Summerfield Drive	07 09 2010	
	City	State Zip Code	Transaction ID: SA11AI.13699
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	210.00]
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
	Mailing Address 575 Summerfield Drive	9	M M / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13781
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	225.00	
с.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
	Mailing Address 575 Summerfield Drive	9	0 8 / D D / Y Y Y Y 0 8 0 6 2010
	City	State Zip Code	Transaction ID: SA11AI.13855
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date	-
	Other (specify) ▼	240.00	1
	SUBTOTAL of Receipts This Page (optional)		45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 149 (check only one) (check only one) 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 NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.	
		COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
	Mailing Address 575 Summerfield Drive	0 8 2 0 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13930
	Chanhassen	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	255.00	
в.	Full Name (Last, First, Middle Initial) Mr. Thomas M Mason		Date of Receipt
2.	Mailing Address 575 Summerfield Drive	9	0 9 / 0 3 / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14003
	<u>Chanhassen</u>	MN 55317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Marketing	LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	270.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken	1	Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt	M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13632
	Manitowoc	WI 54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$45
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary GeneralOther (specify) ▼	630.00	
	SUBTOTAL of Receipts This Page (optional)	·	75.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may le name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY C	IVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge (Court		07 / ^D D / Y Y Y Y 23 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.13725
	Manitowoc FEC ID number of contributing federal political committee.	C	54220	Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00]
- 3.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge (Court		Date of Receipt
				08 06 2010
	City Manitowoc	State WI	Zip Code 54220	Transaction ID: SA11AI.13798 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		PAYROLL DEDUCTION BI-WEEK- LY \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
- ;.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge (Court		08 / D D / Y Y Y Y 020 20 2010
	City Manitowoc	State WI	Zip Code 54220	Transaction ID: SA11AI.13874 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		PAYROLL DEDUCTION BI-WEEK- LY \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00]
Γ	SUBTOTAL of Receipts This Page (optional)	_I		135.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each categ	ory of the	FOR LINE NUMBER: PAGE 92 / 149 (check only one)
Γ	Any information copied from such Reports and S	Detailed Sumn	ed by any person	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE			olicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt		09 / 03 / Y Y Y Y 09 / 03 / 2010
	City Manitowoo	State Zip Code WI 54220		Transaction ID: SA11AI.13947
	Manitowoc FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	810.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	ourt		Date of Receipt
	City	State Zip Code		0 9 1 7 2 0 1 0 Transaction ID: SA11AI.14035
	Manitowoc	WI 54220		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		LY \$45
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	855.00	
– c.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of Receipt
	Mailing Address 662 East Fifth Avenue			M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code OH 43130		Transaction ID: SA11AI.13679
	Lancaster FEC ID number of contributing federal political committee.	OH 43130	U B	Amount of Each Receipt this Period 15.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	210.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	I	>	105.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 149 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		
⊻ A.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue	9	M M / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13761
	Lancaster	OH 43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	225.00	
– B.	Full Name (Last, First, Middle Initial) Mark J. Nixon	1	Date of Receipt
	Mailing Address 662 East Fifth Avenue	0 8 / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13835
	Lancaster	OH 43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) Image: Constraint of the second seco	240.00	
– c.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue)	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.13910
	Lancaster	OH 43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	255.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	L	45.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 94 / 149	
	TEMIZED RECEIPTS	Use separate s for each catego	pry of the	
		Detailed Summ	hary Page X 11a 11b 11c 12 13 14 15 16	717
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or use e name and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.	<u> </u>
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND		
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt	
	Mailing Address 662 East Fifth Avenue)	M M / D D / Y Y Y Y 09 03 2010	
	City	State Zip Code	Transaction ID: SA11AI.13983	
	Lancaster	OH 43130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		15.00	
	Name of Employer Motorists Mutual Insurance	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$15	
	Company	Manager		
	Receipt For: Primary General	Aggregate Year-to-Date ▼		
	Other (specify)		270.00	
– В.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt	
	Mailing Address 662 East Fifth Avenue)	M M / D D / Y Y Y Y 09 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.14071	
	Lancaster	OH 43130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	15.00	
	Name of Employer	Occupation	PAYROLL DEDUCTION BI-WEEK- LY \$15	
	Motorists Mutuál Insurance <u>Company</u>	Manager		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼		285.00	
– C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	1	Date of Receipt	
	Mailing Address 4612 Club Dr., Unit 2)1	07 09 YYYY 02010	
	City	State Zip Code	Transaction ID: SA11AI.13633	
	Port Charlotte	FL 33953	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer retired from MIG	Occupation MIG Director	PAYROLL DEDUCTION BI-WEEK- LY \$50	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		700.00	
Γ	CLIDTOTAL of Doppinto This Dopp (article)	1	80.00	
┝	SUBTOTAL of Receipts This Page (optional) .			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 149 (check only one) 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso le name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE		
∠ A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	07 23 YYYY 07 2010	
	City	State Zip Code	Transaction ID: SA11AI.13726
	Port Charlotte	FL 33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer retired from MIG	Occupation MIG Director	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	750.00	
— В.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	01	08 06 Y Y Y Y Y 08 06
	City	State Zip Code	Transaction ID: SA11AI.13799
	Port Charlotte	FL 33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer retired from MIG	Occupation MIG Director	PAYROLL DEDUCTION BI-WEEK- LY \$50
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	
– C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 4612 Club Dr., Unit 2	01	0 8 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13875
	Port Charlotte	FL 33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer retired from MIG	Occupation MIG Director	PAYROLL DEDUCTION BI-WEEK- LY \$50
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	850.00	
Γ	SUBTOTAL of Receipts This Page (optional)		150.00
	TOTAL This Period (last page this line number	·	

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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 149
			for each category of the	(check only one)
			Detailed Summary Page	
Г	Any information copied from such Reports and Stat	tomonte ma	u not be cold or used by any perso	13 14 15 16 17
	or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> MOTORISTS MUTUAL INSURANCE CO	OMPANY (CIVIC FUND	
	/			
•	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
Α.	Mailing Address 4612 Club Dr., Unit 201			
				09 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13948
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer retired from MIG	Occupatio	n	PAYROLL DEDUCTION BI-WEEK-
	retired from MIG	MIG Dire		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		900.00	1
	Other (specify) 🔻	0 0]
-	E. U.N. Start, Else, Middle, 1212-10			
З.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201			M M / D D / Y Y Y Y
				09 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.14036
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer retired from MIG	Occupatio	n	PAYROLL DEDUCTION BI-WEEK-
		MIG Dire		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		950.00	
		0 0		1
_	Full Name (Last, First, Middle Initial)			
) .	Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13680
	Hilliard	OH	43026	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		15.00
	Name of Employer	Occupatio	n	PAYROLL DEDUCTION BI-WEEK-
	Motorists Mutuál Ins. Com-	Assist. V		LY \$15
	pany Receipt For:		e Year-to-Date 🔻	
	Primary General	33 - 3		1
	Other (specify) 🔻	0 0	210.00	
г				
				115.00
Ļ	SUBTOTAL of Receipts This Page (optional)			-
	TOTAL This Period (last page this line number of	alv)	•	
L	TOTAL This Period (last page this line number or	пу)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 149 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		07 / 23 / Y Y Y Y 010
	City	State Zip Code	Transaction ID: SA11AI.13762
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify)	225.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		08 / D D / Y Y Y Y 08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13836
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify)	240.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock		Date of Receipt
	Mailing Address 4460 Swenson Street		M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13911
	Hilliard	OH 43026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) The second	255.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•••••••	45.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 98 / 149 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold of name and address of any p	or used by any perso political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUNE	D	
A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt
	Mailing Address 4460 Swenson Street			09 03 Y Y Y Y 09 03 2010
	City	State Zip Code	е	Transaction ID: SA11AI.13984
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date	, ▼	
	Primary General Other (specify) ▼		270.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	1		Date of Receipt
	Mailing Address 4460 Swenson Street			09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	e	Transaction ID: SA11AI.14072
	Hilliard	OH 43026		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 285.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers			Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208			M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	e	Transaction ID: SA11AI.13700
	Plymouth FEC ID number of contributing federal political committee.	MN 55446	0 0 0	Amount of Each Receipt this Period
	Name of Employer American Hardware Mutual	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Ins. Receipt For:	V. P. Underwriting		-1
	Primary General Other (specify) ▼	Aggregate Year-to-Date	210.00	
ſ	SUBTOTAL of Receipts This Page (optional)			45.00
ŀ	SUBTUTAL OF DECEMPTS THIS Page (optional)		•••••	
	TOTAL This Period (last page this line number	only)	>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 15300 37th Avenue N		Date of Receipt
Apt. B208		07 23 2010
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.13782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.13856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		08 / 20 / Y Y Y Y 2010
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.13931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		15.00
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)	۱	45.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 149 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208	1	09 / 03 / Y Y Y 2010
City	State Zip Code	Transaction ID: SA11AI.14004
Plymouth	MN 55446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer American Hardware Mutual	Occupation	LY \$15
Ins. Receipt For:	V. P. Underwriting Aggregate Year-to-Date	_
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
Mailing Address 15300 37th Avenue N Apt. B208		M · M / D · D Y Y · Y <
City Plymouth	State Zip Code MN 55446	Transaction ID: SA11AI.14103
FEC ID number of contributing federal political committee.	MN 55446	Amount of Each Receipt this Period 15.00
Name of Employer American Hardware Mutual Ins.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:	Aggregate Year-to-Date V	_
Primary General Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
Mailing Address 325 Olenview Circle		07 09 2010
City	State Zip Code	Transaction ID: SA11AI.13682
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 210.00	
SUBTOTAL of Receipts This Page (optional).		45.00
	er only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may no name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIV	/IC FUND	
Α.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			07 23 2010
	City	State	Zip Code	Transaction ID: SA11AI.13764
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P) <u>.</u>	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	_
	Other (specify) ▼		225.00	
В.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt
	Mailing Address 325 Olenview Circle			0 8 / D D / Y Y Y Y 0 8 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13838
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P		LY \$15
	Receipt For: Primary General Other (specify) ♥	Aggregate Ye	ear-to-Date 240.00]
с.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle	1		Date of Receipt
	City	State	Zip Code	08 20 2010 Transaction ID: SA11AI.13913
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P) <u>.</u>	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date V 255.00]
	SUBTOTAL of Receipts This Page (optional)	I	b	45.00
	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13986
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	270.00	
в.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14074
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	285.00	
с. –	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13620
	Eldridge	IA 52748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	210.00]
	SUBTOTAL of Receipts This Page (optional)	······	45.00
ľ	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 149 (check only one) X X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price Str	reet	07 D D / Y Y Y Y 23 2010
City	State Zip Code	Transaction ID: SA11AI.13715
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK-
Receipt For:	Aggregate Year-to-Date ▼	
 Primary General Other (specify) ▼ 	225.00	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price Str	reet	M M / D D Y
City	State Zip Code	Transaction ID: SA11AI.13786
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAYROLL DEDUCTION BI-WEEK-
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	LY \$15
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price Str	reet	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.13864
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK-
Receipt For: Primary General	Aggregate Year-to-Date ▼ 255.00	
Other (specify) 🔻		
SUBTOTAL of Receipts This Page (option	al) 🕨	45.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
Mailing Address 825 West Price Str	reet	M M / D D / Y Y Y Y 09 03 2010
City	State Zip Code	Transaction ID: SA11AI.13937
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Georgia Puls	I	Date of Receipt
Mailing Address 825 West Price Str	reet	09 17 Y Y Y Y 09 17
City	State Zip Code	Transaction ID: SA11AI.14025
Eldridge	IA 52748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	LY \$15
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial) Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Court		07 09 2010
City	State Zip Code	Transaction ID: SA11AI.13683
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	LY \$15
Receipt For:	Aggregate Year-to-Date ▼	
 Primary General Other (specify) ▼ 	210.00	
SUBTOTAL of Receipts This Page (ontion	al)	45.00
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 149 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Court		07 / D D / Y Y Y Y 23 / 2010
City	State Zip Code	Transaction ID: SA11AI.13765
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) B. Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Court		0 8 / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13839
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAYROLL DEDUCTION BI-WEEK-
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	LY \$15
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify)	240.00	
Full Name (Last, First, Middle Initial) C. Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Court		08 / D D / Y Y Y Y 20 2010
City	State Zip Code	Transaction ID: SA11AI.13914
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	 PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General	Aggregate Year-to-Date V	
Other (specify)	255.00	
SUBTOTAL of Receipts This Page (optional)	L	45.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 149 (check only one) X X 11a 11b 11c 12
Any information copied from such Report	ts and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/		
Full Name (Last, First, Middle Initial) A. Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Co	urt	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.13987
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	PAYROLL DEDUCTION BI-WEEK-
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) B. Kelly Reisling		Date of Receipt
Mailing Address 3178 Ranke Co	urt	09 / 17 / Y Y Y Y 09 / 17
City	State Zip Code	Transaction ID: SA11AI.14075
Grove City	OH 43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	LY \$15
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
Mailing Address 4732 Golf Villag	ge Drive	07 09 2010
City	State Zip Code	Transaction ID: SA11AI.13684
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primary General	Aggregate Year-to-Date V	
Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (op)	tional)	45.00
	number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 149 (check only one) 11a 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	tatements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	07 / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13766
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	225.00	
в.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	0 8 / D D / Y Y Y Y 0 8 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13840
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	 PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
с.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive	e	0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State Zip Code	Transaction ID: SA11AI.13915
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $right restriction of the second se$	255.00	
	SUBTOTAL of Receipts This Page (optional)	•	45.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Driv	e	0 9 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.13988
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	270.00	
- В.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
2.	Mailing Address 4732 Golf Village Driv	e	0 9 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14076
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	285.00	
- C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	ue	M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13685
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Planning Prod & Svs	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
ſ	SUBTOTAL of Receipts This Page (optional)		55.00
ŀ			
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 149 (check only one) X X 11a 13 14 15 16
Ai	ny information copied from such Reports and \$ for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	07 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.13767
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com-	Occupation	LY \$25
	pany Receipt For:	VP Planning Prod & Svs Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	375.00]
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	M M / D D / Y Y Y Y 08 06 2010	
	City	State Zip Code	Transaction ID: SA11AI.13841
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Planning Prod & Svs	LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) The second	400.00]
	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Aven	nue	08 20 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.13916
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Motorists Mutual Ins. Com- pany Receipt For:	Occupation VP Planning Prod & Svs	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Primary General Other (specify)	Aggregate Year-to-Date 425.00]
		L	75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 149 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	0 9 0 3 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13989
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Planning Prod & Svs	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	450.00]
- В.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenu	09 / Y Y Y Y 09 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.14077
	Worthington	OH 43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP Planning Prod & Svs	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	475.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz		Date of Receipt
	Mailing Address 1116 Sommer Drive		M M / D D / Y Y Y Y 07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13628
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	210.00]
ſ	SUBTOTAL of Receipts This Page (optional)		65.00
ľ	TOTAL 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: PAGE 111 / 149 (check only one) 11c X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive	Date of Receipt	
			07 23 2010
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.13722
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 225.00	
в.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
			08 06 2010
	City Shebovgan	State Zip Code WI 53081	Transaction ID: SA11AI.13794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	 PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 240.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt
			08 / 20 / Y Y Y Y 2010
	City Sheboygan	State Zip Code WI 53081	Transaction ID: SA11AI.13871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00
	TOTAL This Period (last page this line number	only)	

		[FOR LINE NUMBER: PAGE 112/149		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12		
Г				13 14 15 16 17		
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	MOTORISTS MUTUAL INSURANCE	COMPANY CIV	IC FUND			
A.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz					
	Mailing Address 1116 Sommer Drive	M · M / D · D / Y · Y · Y · Y Y Y · Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.13944		
	Sheboygan	WI	53081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Wilson Mutual Ins. Co.	Occupation	writing	PAYROLL DEDUCTION BI-WEEK- LY \$15		
	Receipt For:	V. P. Underv Aggregate Ye				
	Primary General	, iggregate re		1		
	Other (specify)		270.00			
- В.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt		
	Mailing Address 1116 Sommer Drive			M M / D D / Y Y Y Y 09 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.14032		
	Sheboygan	WI	53081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Under	writing	PAYROLL DEDUCTION BI-WEEK- LY \$15		
	Receipt For:	Aggregate Ye				
	Primary General Other (specify) ▼		285.00]		
-	Full Name (Last, First, Middle Initial)			Data of Dessint		
C.	Karen L. Schwartz Mailing Address 1252 Pond Hollow La	ne		Date of Receipt		
				07 09 2010		
	City	State	Zip Code	Transaction ID: SA11AI.13686		
	New Albany	ОН	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Preside	ent	PAYROLL DEDUCTION BI-WEEK- LY \$25		
	Receipt For:	Aggregate Ye		7		
	Primary General		350.00	1		
	Other (specify)			1		
Γ		1		55.00		
┝	SUBTOTAL of Receipts This Page (optional).		•••••			
	TOTAL This Period (last page this line number	r only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 149 (check only one) 11c 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 NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	T
Α.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	07 / 23 / Y Y Y Y 07 23 010	
	City	State Zip Code OH 43054	Transaction ID: SA11AI.13768
	New Albany FEC ID number of contributing federal political committee.	OH 43054	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Company Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	375.00	
В.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	08 / D D / Y Y Y Y 08 / 06 / 2010	
	City	State Zip Code	Transaction ID: SA11AI.13842
	New Albany FEC ID number of contributing	OH 43054	_ Amount of Each Receipt this Period
	federal political committee.		PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	LY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
С.	Full Name (Last, First, Middle Initial) Karen L. Schwartz		Date of Receipt
	Mailing Address 1252 Pond Hollow Lan	e	08 / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13917
	New Albany FEC ID number of contributing	OH 43054	Amount of Each Receipt this Period
	federal political committee.		PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	425.00	
	SUBTOTAL of Receipts This Page (optional)	•	75.00
	TOTAL This Period (last page this line number	only)	

SCHEDUL	E A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 114 / 149
ITEMIZED	RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information or for commerce	copied from such Reports and S al purposes, other than using the	Statements may i e name and addr	not be sold or used by any perso ess of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF C	COMMITTEE (In Full) STS MUTUAL INSURANCE			
Full Name (I A. Karen L. Sch	_ast, First, Middle Initial) wartz			Date of Receipt
Mailing Add	ress 1252 Pond Hollow Lar	ne		M M / D D / Y Y Y Y 0 9 0 3 2 0 1 0
City New Albar	27	State OH	Zip Code	Transaction ID: SA11AI.13990
FEC ID num	iber of contributing cal committee.	C	43054	Amount of Each Receipt this Period 25.00
Name of Em	ployer	Occupation		PAYROLL DEDUCTION BI-WEEK- LY \$25
Motorists Mi Company Receipt For:	utuál Insurance	Vice Presi	dent /ear-to-Date 🔻	
Primar			450.00]
Full Name (I B. Karen L. Sch	_ast, First, Middle Initial) wartz			Date of Receipt
Mailing Add	ress 1252 Pond Hollow Lar	M M / D D / Y Y Y Y 09 17 2010		
City		State	Zip Code	Transaction ID: SA11AI.14078
	iber of contributing cal committee.	ОН	43054	Amount of Each Receipt this Period 25.00
	ployer utual Insurance	Occupation Vice Presi	dent	PAYROLL DEDUCTION BI-WEEK- LY \$25
Company Receipt For: Primar	General	- I	/ear-to-Date ▼ 475.00	1
	(specify) 🔻	0 0		
C. Austin Slatter				Date of Receipt
Mailing Add	ress 734 Prairie Run Dr.			07 / 09 / Y Y Y Y 010 09 / 2010
City Sunbury		State OH	Zip Code 43074	Transaction ID: SA11AI.13687 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C		15.00
Name of Em Motorists M	ployer utual Ins Co.	Occupation Assistant	VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 210.00]
SUBTOTAL o	f Receipts This Page (optional)			65.00
	Period (last page this line number		· · ·	

(SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 115/149
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∡ ۹.	Full Name (Last, First, Middle Initial) Austin Slattery	Date of Receipt	
	Mailing Address 734 Prairie Run Dr.	M + M / D + D / Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y + Y Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y + Y + Y + Y + Y +	
	City	State Zip Code	Transaction ID: SA11AI.13769
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	225.00]
- 3.	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt
	Mailing Address 734 Prairie Run Dr.	M M / D D / Y Y Y Y 0 8 0 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.13843
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	240.00]
-).	Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt
	Mailing Address 734 Prairie Run Dr.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13918
	Sunbury	OH 43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1	45.00
┝	SUBTOTAL OF NECEPTS THIS FAGE (OPTIONAL)	••••••	
	TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 116 / 149 (check only one) X 11a 11b 11c 12			
Any information copied from such Reports a	Detailed Summary Page and Statements may not be sold or used by any person	n for the purpose of soliciting contributions			
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	ig the name and address of any political committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)		Date of Receipt			
Austin Slattery Mailing Address 734 Prairie Run Di					
City	State Zip Code	0 9 0 3 2 0 1 0 Transaction ID: SA11AI.13991			
Sunbury	OH 43074	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	270.00				
Full Name (Last, First, Middle Initial) Austin Slattery		Date of Receipt			
Mailing Address 734 Prairie Run Di	Mailing Address 734 Prairie Run Dr.				
City	State Zip Code	Transaction ID: SA11AI.14079			
Sunbury	OH 43074	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00 PAYROLL DEDUCTION BI-WEEK-			
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VP	LY \$15			
Receipt For:	Aggregate Year-to-Date				
Other (specify) ▼	285.00				
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt			
Mailing Address 29270 Hampshire	Place	07 / D D / Y Y Y Y 09 / 2010			
City	State Zip Code	Transaction ID: SA11AI.13634			
Westlake	OH 44145	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	55.00 PAYROLL DEDUCTION BI-WEEK-			
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	LY \$55			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00				
SUBTOTAL of Receipts This Page (option	nal)	85.00			
	mber only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117/149 (check only one) 11a 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 may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	07 23 Y Y Y Y 010 07 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.13727
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	825.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	M M / D D / Y Y Y Y 08 06 2010	
	City	State Zip Code	Transaction ID: SA11AI.13800
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$55
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	880.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	1	Date of Receipt
	Mailing Address 29270 Hampshire Pla	се	M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13876
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$55
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	
ſ	SUBTOTAL of Receipts This Page (optional) .		165.00
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 149 (check only one) 11c 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 NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	1
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Plac	09032010	
	City	State Zip Code	Transaction ID: SA11AI.13949
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	PAYROLL DEDUCTION BI-WEEK- LY \$55
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	990.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Plac	09 / 17 / Y Y Y Y 09 / 17	
	City	State Zip Code	Transaction ID: SA11AI.14037
	Westlake	OH 44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	- PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	LY \$55
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1045.00	
- C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		Date of Receipt
	Mailing Address 6418 Summers Nook E	Drive	07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13688
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service	LY \$15
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	210.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	125.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eac Detaile	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 119 / 149 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr. Mailing Address 6418 Summers Nook [Date of Receipt		
		$\begin{array}{c c} M & M \\ \hline 0 & 7 \end{array} / \begin{array}{c} D & D \\ 2 & 3 \end{array} / \begin{array}{c} Y & Y \\ 2 & 0 & 1 \\ \end{array} $				
	City	State Zip C		Transaction ID: SA11AI.13770		
	New Albany FEC ID number of contributing	OH 4305	54	Amount of Each Receipt this Period		
	federal political committee.	Occupation	1 1 1	PAYROLL DEDUCTION BI-WEEK- LY \$15		
	Motorists Mutuál Ins. Com- pany	VP MAX Service				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 225.00			
в.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.		<u> </u>	Date of Receipt		
υ.	Mailing Address 6418 Summers Nook [0 8 / 0 6 / Y Y Y Y 0 8 / 0 6 / 2 0 1 0				
	City	State Zip C	Code	Transaction ID: SA11AI.13844		
	New Albany	OH 4305	54	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service	_	LY \$15		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 240.00			
C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt		
	Mailing Address 6418 Summers Nook [Drive		M M / D D / Y Y Y Y 08 20 2010		
	City	State Zip C	Code	Transaction ID: SA11AI.13919		
	New Albany	OH 4305	54	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Service		PAYROLL DEDUCTION BI-WEEK-		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 255.00			
	SUBTOTAL of Receipts This Page (optional)			45.00		
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 149 (check only one) (check only one) 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	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CI	VIC FUND			
A.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt		
	Mailing Address 6418 Summers Nook E	0903 2010				
	City	State	Zip Code	Transaction ID: SA11AI.13992		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Se	ervice	LY \$15		
	Receipt For: Primary General	Aggregate Y	ear-to-Date 🔻	_		
	Other (specify) ▼		270.00			
в.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt		
	Mailing Address 6418 Summers Nook E	09 17 Y Y Y 2010				
	City	State	Zip Code	Transaction ID: SA11AI.14080		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation VP MAX Se		LY \$15		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date 285.00]		
с.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive	1		Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11AI.13689		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer Motorists Mutual Ins. Co.	1 1	& Affiliate Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 350.00]		
	SUBTOTAL of Receipts This Page (optional)	•		55.00		
	TOTAL This Period (last page this line number	only)	D			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 149 (check only one) X 11a 11b 11c 12 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 may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY		
∠ A.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
	Mailing Address 6900 Kindler Drive			07 / 23 / Y Y Y Y 07 / 21 0 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.13771
	New Albany FEC ID number of contributing federal political committee.	<u>он</u>	43054	Amount of Each Receipt this Period 25.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP C	n L & Affiliate Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	- I - I	Year-to-Date ▼ 375.00]
– B.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive	1		Date of Receipt
			7. 0. 1	08 06 2010
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.13845 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 C	n L & Affiliate Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 400.00]
- C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt
-	Mailing Address 6900 Kindler Drive			0 8 2 0 2 0 1 0
	City New Albany	State OH	Zip Code 43054	Transaction ID: SA11AI.13920
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP C	n L & Affiliate Operations	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 425.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 149 (check only one) 11a 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13993
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	450.00	
в.	Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt
	Mailing Address 6900 Kindler Drive		09 / 17 / Y Y Y Y 09 / 17
	City	State Zip Code	Transaction ID: SA11AI.14081
	New Albany	OH 43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL & Affiliate Operations	LY \$25
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	475.00	
С.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		07 09 2010
	City	State Zip Code	Transaction ID: SA11AI.13690
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	350.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 149 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the		son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		07 23 Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13772
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	
– В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 08 06 2010
	City	State Zip Code	Transaction ID: SA11AI.13846
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
– C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
0.	Mailing Address 8816 Cooks Hill Road		
	City	State Zip Code	Transaction ID: SA11AI.13921
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	75.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 149 (check only one) 11a 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		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13994
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	 PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00	
- В.	Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt
	Mailing Address 8816 Cooks Hill Road		09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14082
	Glenford	OH 43739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	 PAYROLL DEDUCTIONS BI-WEE- KLY \$25
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
-	Full Name (Last, First, Middle Initial)		
C.	Mr. Van Stewart Mailing Address 7703 Timber Ridge Dr	ive	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.13691
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 210.00	
_	Other (specify) v		
	SUBTOTAL of Receipts This Page (optional)		65.00
ſ	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 149 (check only one)
A oi	r for commercial purposes, other than using th	e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D	Prive	M M / D D / Y Y Y Y 07 23 2010
	City	State Zip Code	Transaction ID: SA11AI.13773
	Powell FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D		0 8 / D D / Y Y Y Y 0 6 / 2 0 1 0
	City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.13847
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
	Full Name (Last, First, Middle Initial) Mr. Van Stewart		Date of Receipt
	Mailing Address 7703 Timber Ridge D	M M / D D / Y Y Y Y 08 20 2010	
	City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.13922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		15.00
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 255.00	
	SUBTOTAL of Receipts This Page (optional)	1	45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may no name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIV	/IC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mr. Van Stewart			Date of Receipt
	Mailing Address 7703 Timber Ridge Driv	ive		0 9 0 3 Y Y Y Y 0 9 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13995
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Life Insurance	Occupation Assist V P	., Life Underwriting	PAYROLL DEDUCTION BI-WEEK-
	<u>Compa</u> Receipt For:	1 I	ear-to-Date V	
	Primary General Other (specify) ▼		270.00]
- В.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	1		Date of Receipt
	Mailing Address 7703 Timber Ridge Driv	09 17 Y Y Y 2010		
	City	State	Zip Code	Transaction ID: SA11AI.14083
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P	., Life Underwriting	LY \$15
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼		285.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt
	Mailing Address 2060 Maxwell Avenue			M M / D D / Y Y Y Y 07 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.13692
		OH	43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P		PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼		350.00	
Γ	SUBTOTAL of Receipts This Page (optional)			55.00
	TOTAL 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: PAGE 127 / 149 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE C	COMPANY CIVIC FUND	
, A.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		07 / 23 / Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.13774
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	375.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13848
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	400.00	
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13923
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	425.00	
	SUBTOTAL of Receipts This Page (optional)	·····	75.00
	TOTAL 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: PAGE 128 / 149 (check only one) 11a 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		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
A .	Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt
	Mailing Address 2060 Maxwell Avenue		09 / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13996
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson	I	Date of Receipt
	Mailing Address 2060 Maxwell Avenue		09 / D D / Y Y Y Y 09 17 2010
	City	State Zip Code	Transaction ID: SA11AI.14085
	Lewis Center	OH 43035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	 PAYROLL DEDUCTION BI-WEEK- LY \$25
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	475.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson		Date of Receipt
	Mailing Address 5444 Spring Hill Road		07 / 09 / Y Y Y Y 020 10
	City	State Zip Code	Transaction ID: SA11AI.13693
	Grove City	OH 43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)		65.00
	TOTAL This Period (last page this line number	Unity)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 149 (check only one) (check only one) 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	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
	Mailing Address 5444 Spring Hill Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.13775
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		225.00]
– B.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
	Mailing Address 5444 Spring Hill Road			M M / D D / Y Y Y Y 0 8 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.13849
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		240.00]
- C.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson			Date of Receipt
	Mailing Address 5444 Spring Hill Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.13924
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Assistan		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		255.00]
Γ	SURTATAL of Respire This Page (astisted)	1		45.00
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND				
Full Name (Last, First, Middle Initial) A. Mrs. Sharon B Thompson					
Mailing Address 5444 Spring Hill Road	1	09 / D D / Y Y Y Y 09 03 2010			
City	State Zip Code	Transaction ID: SA11AI.13997			
Grove City	OH 43123	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15			
Receipt For:	Aggregate Year-to-Date ▼	1			
Other (specify)	270.00				
Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson	<u> </u>	Date of Receipt			
Mailing Address 5444 Spring Hill Road	1	M = M / D = D / Y = Y = Y Y 0 9 1 7 2 0 1 0			
City	State Zip Code	Transaction ID: SA11AI.14086			
Grove City	OH 43123	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VP	PAYROLL DEDUCTION BI-WEEK- LY \$15			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) The second	285.00				
Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs		Date of Receipt			
Mailing Address 1300 Scenic Hill Ln.		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y Y · Y · Y Y Y Y · Y · Y Y Y Y · Y · Y Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·			
City	State Zip Code	Transaction ID: SA11AI.13801			
DeWitt	IA 52742	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer Iowa Mutual Ins. Co.	Occupation Director	DEDUCTION \$125			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	375.00				
SUBTOTAL of Receipts This Page (optional) .	·	155.00			
TOTAL This Period (last page this line numbe	-				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 131 / 149 (check only one)
		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	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt	
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13694
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	280.00	
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		07 / D D / Y Y Y Y 23 / 2010
	City	State Zip Code	Transaction ID: SA11AI.13776
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	300.00	
C .	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13850
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	LY \$20
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	320.00	
	SUBTOTAL of Receipts This Page (optional)	······	60.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 132 / 149 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
۷ A.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		0 8 / D D / Y Y Y Y 0 8 20 20 10
	City	State Zip Code	Transaction ID: SA11AI.13925
	<u>Columbus</u>	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Motorists Mutual Insurance	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Company Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	340.00	
- B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	1	Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.13998
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	 PAYROLL DEDUCTION BI-WEEK- LY \$20
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) v	360.00	
- с.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt
	Mailing Address 7105 Lakebrook Blvd.		M · M / D · D Y Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.14087
	Columbus	OH 43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	380.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	60.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 149 (check only one) (check only one) 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND						
۷ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt					
	Mailing Address 5203 South 8th Street		M / D D / Y					
	City	State Zip Code	Transaction ID: SA11AI.13630					
	Sheboygan	WI 53081	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C						
	Name of Employer Wilson Mutual Ins. Company	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	560.00						
- В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt					
	Mailing Address 5203 South 8th Street		07 / 23 / Y Y Y Y 07 23 2010					
	City	State Zip Code	Transaction ID: SA11AI.13723					
	Sheboygan	WI 53081	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		40.00 PAYROLL DEDUCTION BI-WEEK-					
	Name of Employer Wilson Mutual Ins. Company	Occupation President	LY \$40					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	600.00						
- C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt					
	Mailing Address 5203 South 8th Street		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·					
	City	State Zip Code	Transaction ID: SA11AI.13795					
	Sheboygan	WI 53081	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		40.00 PAYROLL DEDUCTION BI-WEEK-					
	Name of Employer Wilson Mutual Ins. Company	Occupation President	LY \$40					
	Receipt For: Primary General	Aggregate Year-to-Date ▼						
	Other (specify)	640.00						
ſ	SUBTOTAL of Receipts This Page (optional)	·	120.00					
F	TOTAL This Period (last page this line number	·						

\$	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 134 / 149 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (Clieck Olly Olle) \\ \hline X 11a \\ 13 \\ 14 \\ 15 \\ 15 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND	
⊻ A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		08 20 YYYYY 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13872
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	680.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		M M / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.13945
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	720.00	
– c.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		0 9 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.14033
	Sheboygan	WI 53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	760.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	120.00
	TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 149 (check only one) 11a X 11a 11b 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
		COMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
	Mailing Address 4918 Norfolk Drive		07 / D D / Y Y Y Y 09 / 2010				
	City	State Zip Code	Transaction ID: SA11AI.13621				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LEY \$15				
	Receipt For:	Aggregate Year-to-Date 🔻					
	Primary General Other (specify) ▼	210.00					
в.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
	Mailing Address 4918 Norfolk Drive		07 / 23 / Y Y Y Y 010				
	City	State Zip Code	Transaction ID: SA11AI.13716				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	PAYROLL DEDUCTION BI-WEEK-				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	LEY \$15				
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 225.00					
C.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
•	Mailing Address 4918 Norfolk Drive		0 8 0 6 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.13787				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		PAYROLL DEDUCTION BI-WEEK-				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	LEY \$15				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00					
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	45.00				
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 149 (check only one)				
ہر م	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND					
∡ ۹.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
	Mailing Address 4918 Norfolk Drive		0 8 / D D / Y Y Y Y 0 8 20 20 10				
	City	State Zip Code	Transaction ID: SA11AI.13865				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	15.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LEY \$15				
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	255.00]				
	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
	Mailing Address 4918 Norfolk Drive		M M / D D / Y Y Y Y 09 03 2010				
	City	State Zip Code	Transaction ID: SA11AI.13938				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		PAYROLL DEDUCTION BI-WEEK-				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	LEY \$15				
	Receipt For: Primary General	Aggregate Year-to-Date ▼					
	Other (specify)	270.00					
-	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt				
	Mailing Address 4918 Norfolk Drive		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.14026				
	Bettendorf	IA 52722	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.						
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims	PAYROLL DEDUCTION BI-WEEK- LEY \$15				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	285.00					
Γ	SUBTOTAL of Receipts This Page (optional) .		45.00				
┝	COLICIAL OF HOOGING THIS I AYE (Uptional).						
	TOTAL This Period (last page this line numbe	r only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 149 (check only one) (check 112) 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 may e name and add	v not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY (CIVIC FUND	
∠ A.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	W.		07 09 2010
	City Westerville	State OH	Zip Code	Transaction ID: SA11AI.13695
	Westerville FEC ID number of contributing federal political committee.	C	43082	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	PAYROLL DEDUCTION BI-WEEK- LY \$30
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]
- 3.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive V	1		Date of Receipt
				07 23 2010
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.13777 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	PAYROLL DEDUCTION BI-WEEK- LY \$30
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ¥ 450.00]
-).	Full Name (Last, First, Middle Initial) Charles A. Wickert	1		Date of Receipt
	Mailing Address 5519 Medallion Drive	W.		M M / D D / Y Y Y Y 0 8 0 6 2010
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.13851 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	PAYROLL DEDUCTION BI-WEEK- LY \$30
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
Γ	SUBTOTAL of Receipts This Page (optional)		······	90.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 149 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	pn for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE	COMPANY (CIVIC FUND	
⊻ 4.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	W.		0 8 / D D / Y Y Y Y 0 8 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13926
	Westerville	ОН	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	LY \$30
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 510.00	1
_	Other (specify) ▼	0 0]
3.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	W.		M M / D D / Y
		State	Zip Code	Transaction ID: SA11AI.13999
	Westerville FEC ID number of contributing federal political committee.	<u>он</u>	43082	Amount of Each Receipt this Period 30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	PAYROLL DEDUCTION BI-WEEK- LY \$30
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 540.00]
-).	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt
	Mailing Address 5519 Medallion Drive	W.		0 9 1 7 2 0 1 0
	City Westerville	State OH	Zip Code 43082	Transaction ID: SA11AI.14088 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Li	n fe Ops & Corp. Svs	PAYROLL DEDUCTION BI-WEEK- LY \$30
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 570.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		90.00
\vdash	TOTAL This Period (last page this line number			

			FOR LINE NUMBER: PAGE 139 / 149					
	Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPAN Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City State Sunbury OH FEC ID number of contributing federal political committee.	Use separate schedule(s)	FOR LINE NUMBER: PAGE 139 / 149 (check only one)					
	ITEMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{\Box}$ 11b $\overline{\Box}$ 11c $\overline{\Box}$ 12					
		Detailed Summary Page						
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	> MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND						
Α.	Charles A. Williams		Date of Receipt					
	Mailing Address 14924 S. R. 35, E.		07 / 09 / Y Y Y Y 010					
	City	State Zip Code	Transaction ID: SA11AI.13696					
	Sunbury	OH 43074	Amount of Each Receipt this Period					
			15.00					
	Name of Employer Motorists Mutual Ins. Com-	Occupation Assist, V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15					
	pany Receipt For:	Aggregate Year-to-Date ▼	-					
	Primary General							
	Other (specify)	210.00						
в.	Full Name (Last, First, Middle Initial) Charles A. Williams	•	Date of Receipt					
	Mailing Address 14924 S. R. 35, E.		07 / 23 / Y Y Y Y 2010					
	City	State Zip Code	Transaction ID: SA11AI.13778					
	Sunbury	OH 43074	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	15.00					
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	225.00						
- C.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt					
0.	Mailing Address 14924 S. R. 35, E.							
	City	State Zip Code	Transaction ID: SA11AI.13852					
	<u>Sunbury</u>	OH 43074	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	15.00					
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK-					
	Receipt For:	Aggregate Year-to-Date ▼	-					
	Primary General Other (specify) ▼	240.00						
[SUBTOTAL of Receipts This Page (optional)	l	45.00					
ŀ								
	TOTAL This Period (last page this line number	oniy)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 140 / 149 (check only one) (check only one) 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 may not be name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC	C FUND	
A.	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			08 20 Y Y Y Y 08 20 2010
	City		Zip Code	Transaction ID: SA11AI.13927
	Sunbury	OH ·	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year	-to-Date 🔻	
	Primary General Other (specify) ▼		255.00	
- В.	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.			09 / D D / Y Y Y Y 09 03 2010
	City	State 2	Zip Code	Transaction ID: SA11AI.14000
	Sunbury	<u>OH</u>	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 PAYROLL DEDUCTION BI-WEEK-
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.	_	LY \$15
	Receipt For: Primary General	Aggregate Year	-to-Date 🔻	
	Other (specify)		270.00	
с.	Full Name (Last, First, Middle Initial) Charles A. Williams	•		Date of Receipt
	Mailing Address 14924 S. R. 35, E.			09 / D D / Y Y Y Y 09 17 2010
	City		Zip Code	Transaction ID: SA11AI.14089
	Sunbury	<u>OH</u>	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Motorists Mutual Ins. Com- pany	Occupation Assist. V. P.		PAYROLL DEDUCTION BI-WEEK- LY \$15
	Receipt For: Primary General	Aggregate Year	-to-Date 🔻	
	Other (specify) ▼		285.00	
ſ	SUBTOTAL of Receipts This Page (optional)		·····	45.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 149 (check only one) 11a X 11a 11b 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt				
	Mailing Address 90 Timberknoll Loop		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.13697				
		OH 43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		35.00				
	Name of Employer Motorists Mutual Insurance	Occupation Treasurer	PAYROLL DEDUCTION BI-WEEK- LY \$35				
	Company Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	490.00]				
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt				
	Mailing Address 90 Timberknoll Loop		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.13779				
	Powell	OH 43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	35.00				
	Name of Employer Motorists Mutual Insurance	Occupation Treasurer	PAYROLL DEDUCTION BI-WEEK-				
	Company Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	525.00]				
с.	Full Name (Last, First, Middle Initial) Michael L. Wiseman	l	Date of Receipt				
	Mailing Address 90 Timberknoll Loop		M M D D Y				
	City	State Zip Code	Transaction ID: SA11AI.13853				
	Powell	OH 43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	35.00				
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	PAYROLL DEDUCTION BI-WEEK-				
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	560.00]				
[SUBTOTAL of Receipts This Page (optional)	L	105.00				
ŀ							
	TOTAL This Period (last page this line number	oniy)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 149 (check only one) 11a 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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 08 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13928
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	PAYROLL DEDUCTION BI-WEEK-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	595.00	
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman	I	Date of Receipt
	Mailing Address 90 Timberknoll Loop		09 / D D / Y Y Y Y 09 03 2010
	City	State Zip Code	Transaction ID: SA11AI.14001
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	 PAYROLL DEDUCTION BI-WEEK- LY \$35
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman	I	Date of Receipt
	Mailing Address 90 Timberknoll Loop		09 17 Y Y Y Y 09 17
	City	State Zip Code	Transaction ID: SA11AI.14090
	Powell	OH 43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	PAYROLL DEDUCTION BI-WEEK- LY \$35
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	665.00	
	SUBTOTAL of Receipts This Page (optional)	·	105.00
	TOTAL This Period (last page this line number	only)	9538.10

CHEDULE B (FEC Form 3X)	Lloo opporate aphadula/a	, FOR LINE	E NUMBER: PAGE 143/14
EMIZED DISBURSEMENTS	for each category of the	(Check on	
	Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
ny Information copied from such Reports and s for commercial purposes, other than using the		d by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	,,		
MOTORISTS MUTUAL INSURANCE	COMPANY CIVIC FUND		
Full Name (Last, First, Middle Initial) Citizens for Buehrer			Transaction ID: SB29.14104 Date of Disbursement
Mailing Address 319 East Elm Stree	t		
City Wauseon	State Zip Code OH 43567		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	250.00
Candidate Name Citizens for Buehrer		Category/ Type	_
Office Sought: House Dis X Senate President State: OH District: 01	bursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Citizens for Duffey			Transaction ID: SB29.14011 Date of Disbursement
Mailing Address 643 Farrington Driv	8		
City Worthington	State Zip Code OH 43085		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	500.00
Candidate Name Citizens for Duffey		Category/ Type	_
Office Sought: X House Dis Senate President State: OH District:	bursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Citizens for Hottinger			Transaction ID: SB29.13709 Date of Disbursement
Mailing Address 2135 Horns Hill Driv	/e		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 7 \\ \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \\ \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \begin{array}{c} \gamma \\ \gamma \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} $
City Newark	State Zip Code OH 43055		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	500.00
Candidate Name Citizens for Hottinger		Category/ Type	
Office Sought: X House Dis Senate President	sbursement For: 2010 Primary X General Other (specify) ▼		
State: OH District: 71			
	onal)		1250.00

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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		r Use sep	Use separate schedule(s)			E NUMI	3ER		PA	PAGE 144 / 149			
	SBURSEMEN	TS for each Detailed	n category of the d Summary Page		21b 27	22 28		23 28b		24 28c	25 X 29		26 30
	ed from such Reports rposes, other than usir												
NAME OF COM	MITTEE (In Full) MUTUAL INSURAN	NCE COMPANY C	IVIC FUND										
· · ·	Full Name (Last, First, Middle Initial) Citizens for Josh Mandel							ction ID			14098		
Mailing Address	Mailing Address 4261 Fulton Road						9 [™]	/ D	1 ^D	/ Y	žo i	0 ^Y	
City Cleveland		State OH	Zip Code 44144			Am	ount	of Eac	h Dis	sburse	ment this	-	od
Purpose of Disb Contribution				01							500.0	0	
Candidate Name Citizens for Jo	sh Mandel			Cate Ty									
Office Sought: State: OH	X House Senate President District:	Disbursement For: Primary Other (sp	2010 X General becify) ▼										
Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon					-	e of	Disburs	seme		14007			
Mailing Address 5325 Ponderosa Drive						о 0	9 [™]	/ D	03	/ Y	²0ỉ	0 ^Y	
City Columbus		State OH	Zip Code 43231			Am	ount	of Eac	h Dis	sburse	ment this	-	od
Purpose of Disb Contribution	ursement			01	1						350.0	00	
Candidate Name Citizens for Ke	evin Bacon			Cate Ty									
Office Sought: State: OH	X House Senate President District: 21	Disbursement For: Primary Other (sp	2010 X General becify) ▼										
Full Name (Last, Citizens for M	First, Middle Initial) ngo							Disburs	seme		13706		
Mailing Address 12364 Thoroughbred Drive					0	7 ^M	/ D	1 ^D	/ Y	ž01	0 ^Y		
City Pickerington		State OH	Zip Code 43147			Am	ount	of Eac	h Dis	sburse	ment this		od
Purpose of Disb Contribution				01	1						500.0	0	
Candidate Name Citizens for Mingo				Cate Ty									
Office Sought: State:	House Senate President District:	Disbursement For: Primary Other (sp	2010 X General becify) ▼										
SUBTOTAL of Dis	bursements This Page	e (optional)			►						1350.0	0	

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 145 / 149
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	yone) 22 23 24 25 28a 28b 28c X 29
ny Information copied from such Reports and Statem for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any politica		
MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND		
Full Name (Last, First, Middle Initial) Citizens for Sears			Transaction ID: SB29.14110 Date of Disbursement
Mailing Address 6711 Monroe Street Building 3 Suite D			09 ^M /24 [/] 2010 ^Y
	StateZip CodeOH43560		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	250.00
Candidate Name Citizens for Sears		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify) ▼		
State: OH District: 46 Full Name (Last, First, Middle Initial)			
Citizens to Elect Dan Dodd			Transaction ID: SB29.14109 Date of Disbursement
Mailing Address 106 N. Main St.			$ \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} P \\ 2 \end{array} \\ \end{array} \\ \end{array} \\ \end{array} $ \\ \begin{array}{c} P \\ P \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \\ \end{array} \\ \end{array} \\ \\ \end{array} \\ \end{array} \\ \\ \\ \end{array} \\ \\ \end{array} \\ \\ \\ \\
	StateZip CodeOH43764		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	500.00
Candidate Name Citizens to Elect Dan Dodd		Category/ Type	
Office Sought: House Disburse Senate President State: District: 91	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney			Transaction ID: SB29.14106 Date of Disbursement
Mailing Address 357 East Torrence Road			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{pmatrix} $
	State Zip Code OH 43214		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	250.00
Candidate Name Citizens to Elect John Patrick Carney		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify) ▼		
State: OH District: 22			

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:			PAGE	E 14	6 / 1	49
IT	EMIZED DISBURSEMENTS	for each category of the	(ch	eck only	_		00				г	
		Detailed Summary Page	\mathbb{H}	21b 27	22 28a	H	23 28b	24		25 29		2
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			person f	or the pu	rpos	e of so	oliciting	contr	ibutio	ons	~
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	MOTORISTS MUTUAL INSURANCE CON	IPANY CIVIC FUND										
<u> </u>	Full Name (Last, First, Middle Initial) Friends of David Daniels						on ID: sburse	SB2 ement	9.14	800		
	Mailing Address 440 North St.		 		[™] 9	M /	^D 0	3 [/]	Y	ž o 1	0	Y
	City Greenfield	StateZip CodeOH45123	 		Amou	nt of	Each	Disbur		-	-	eriod
	Purpose of Disbursement Contributions		01 1		L.					350.0	00	
	Candidate Name Friends of David Daniels		ateg Type	-								
	Senate President	ement For: 2010 Primary X General Other (specify) ▼										
	State: OH District:		 									
	Full Name (Last, First, Middle Initial) Friends of Faber				Date		sburse		_		· · · · ·	v
	Mailing Address 7706 State Route 703				0 9		1	6		²́0ľ	0	
	City Celina	StateZip CodeOH45822			Amou	nt of	Each	Disbur		-		eriod
	Purpose of Disbursement Contribution		011		L.					500.0	00	
	Candidate Name Friends of Faber		ateg Type									
	Office Sought: House Disburse X Senate President	ement For: 2010 Primary X General Other (specify) ▼										
	State: OH District: 12											
	Full Name (Last, First, Middle Initial) Friends of Kris Jordan						on ID: sburse	SB2 ement	9.14	105		
	Mailing Address 161 Stonebend Drive		 		0 ^M 9	M /	^D 0	3 ^D	Y	žo i	0	Y
	City Powell	StateZip CodeOH43065	 		Amou	nt of	Each	Disbur		-		eriod
	Purpose of Disbursement Contribution		01 1		L.					250.0	00	
	Candidate Name Friends of Kris Jordan		ateg Type	-								
	Senate President	ement For: 2010 Primary X General Other (specify) ▼										
_	State: OH District:											
s	UBTOTAL of Disbursements This Page (optional)		 	►					11	00.0	00	
т	OTAL This Period (last page this line number only)		 	►								
			-			~ ~						

CHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBE	R:			P	AGE	147	/ 149
EMIZED DISBURSEMENTS	for each category of the	′ ,	(ch	eck onl					2E			
	Detailed Summary Page		\dashv	21b 27	22 28a	Н	23 28b	┢	24 28c	X	25 29	H
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam										ontrib		3
NAME OF COMMITTEE (In Full)												
MOTORISTS MUTUAL INSURANCE CON	IPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) Kasich for Ohio					Tran Date				SB29 nent	.140	12	
Mailing Address 14 E. Gay Street 2nd Floor					0 [™] 9	M	D	03	B /	Ý 2	0 Ì () ^Y
	StateZip CodeOH43209				Amou	unt of	Eac	h C	isburs	emen	t this I	Perio
Purpose of Disbursement Contribution			011		L.					5	00.00)
Candidate Name Kasich for Ohio			itego Fype									
Senate President	ement For: 2010 Primary X General Other (specify) ▼											
State: OH District:												
Full Name (Last, First, Middle Initial) O'Connor for Chief Justice					Date	of Di	sbur	sen				
Mailing Address 260 N Cassady Ave					0 ^M 7	М	D	1 4	D / 1	²²²	0 Å () ^Y
City Columbus	StateZip CodeOH43209				Amou	unt of	Eac	h C	isburs		-	
Purpose of Disbursement Contribution			011		L.					21	51.00)
Candidate Name O'Connor for Chief Justice			itego Fype									
Office Sought: House Disburse Senate President State: District:	ement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) O'Grady for Franklin County Commissione	er				Date	of Di	sbur	sen		.137	07	
Mailing Address 480 S. 3rd Street					0 ^M 7	М	D	1 5	b /	Ý 2	0 Å () Y
City Columbus	StateZip CodeOH43215				Amou	unt of	Eac	h C	isburs	-		
Purpose of Disbursement Contribution			011		L.					2	50.00)
Candidate Name O'Grady for Franklin County Commissione			itego Fype	-								
Senate President	ement For: 2010 Primary X General Other (specify) ▼											
State: District:								-				
CUBTOTAL of Disbursements This Page (optional)										200)1.00	1

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the)	-	R LINE eck only	-	R:			Р	AGE	148	/ 149
	Detailed Summary Page			21b 27	22 28a		23 28b		24 280	X	25 29	23
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name												s
MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND											
Full Name (Last, First, Middle Initial) OIIPAC					Date	of D	isburs	ser				
Mailing Address 172 East State Street P. O. Box 816					0 ^M 8	М	/ D	1 8	B /	Ý Ž	0 ľ () Y
,	State Zip Code OH 43216				Amou	int o	fEacl	h [Disburs	emer	t this	Period
Purpose of Disbursement Political Contributions			011		L.					25	00.00)
Candidate Name OIIPAC		Ca	atego Type	ory/								
Office Sought: House Disburser Senate President	nent For: 2010 Primary X General Other (specify) ▼	I										
State: District:												
Full Name (Last, First, Middle Initial) Re-Elect Jean Schmidt for Congress					Date	of D	isburs	ser				
Mailing Address PO Box 867					0 ^M 9	М	/ D	0 3	3	źź	0 ľ (Ъ
,	State Zip Code OH 45150				Amou	int o	fEacl	h C	Disburs	emer	t this	Period
Purpose of Disbursement Contribution			011		L.					5	00.00)
Candidate Name Re-Elect Jean Schmidt for Congress			atego Type									
Office Sought: House Disburser Senate President	nent For: 2010 Primary X General Other (specify) ▼	I										
State: OH District:												
Full Name (Last, First, Middle Initial) Re-elect Justice Lanzinger Committee					Date	of D	isburs	ser				_
Mailing Address 260 N Cassady Ave					0 ^M 7	м	/ D	14	4	ž	0 ľ (Ъ
•	StateZip CodeOH43209				Amou	int o	f Eacl	h [Disburs	emer	t this	Period
Purpose of Disbursement Contribution			011		L.					21	51.00)
Candidate Name Re-elect Justice Lanzinger Committee			atego Type	,								
Office Sought: House Disburser Senate President State: District:	nent For: 2010 Primary X General Other (specify)	Į	717									
							v			E 1	51.04	1
SUBTOTAL of Disbursements This Page (optional)				•				•		51	51.00	,
TOTAL This Period (last page this line number only)				►								

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CHEDULE B (FEC Form 3X)		FOR LINE		PAGE 149/149
	Use separate schedule(s) for each category of the	(check only	-	FAGE 149/149
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 28c X 29
ny Information copied from such Reports and State		by any person f	or the purpose of solic	citing contributions
r for commercial purposes, other than using the nan	ne and address of any political c	ommittee to sol	icit contributions from	such committee
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COI	MPANY CIVIC FUND			
Full Name (Last, First, Middle Initial)			Transaction ID:	
Republican Senate Campaign Committee			Date of Disbursem	
Mailing Address 4679 Winterset Drive			0 ^M 7 ^M /14	Ý ŽOľO
City Columbus	StateZip CodeOH43220		Amount of Each Di	isbursement this Perioc
Purpose of Disbursement Contribution		011		500.00
Candidate Name Republican Senate Campaign Committee		011 Category/		
	ement For: 2010	Туре		
Senate President	Primary X General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) Stivers for Congress			Transaction ID: Date of Disbursem	ent
Mailing Address 211 S. Fifth St.				⁷ ² 0 ¹ 0 ¹
City Columbus	State Zip Code OH 43215		Amount of Each Di	isbursement this Period
Purpose of Disbursement Contribution		011		500.00
Candidate Name Stivers for Congress		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: 2010 Primary X General Other (specify) ▼			
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS			Transaction ID: Date of Disbursem	
Mailing Address 2931 E Dublin Granville Suite 190	Road		09 ^M /03 ^D	[/] ^Y ^Y ^Y ^Y ^Y ^Y
City Columbus	StateZip CodeOH43231		Amount of Each Di	isbursement this Period
Purpose of Disbursement Contributions		011		500.00
Candidate Name TIBERI FOR CONGRESS		Category/ Type		
Senate President	ement For: 2010 Primary X General Other (specify) ▼			
State: OH District: 12				
SUBTOTAL of Disbursements This Page (optional)		►		1500.00
FOTAL This Period (last page this line number only)	►		14252.00