

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 10 01 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13943.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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. Total Disbursements (from Line 31)	14407.00	45380.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	813.18	813.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use 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
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9732.60	32249.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9732.60	32249.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9732.60	32249.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	55.00	80.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55.00	80.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	14352.00	38300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14407.00	45380.00
32. 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

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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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2010
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13637
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Personal Lines	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BI-WEEKLY \$30

B.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13728
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Personal Lines	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BI-WEEKLY \$30

C.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13802
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Personal Lines	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION BI-WEEKLY \$30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13877

Amount of Each Receipt this Period 30.00

PAYROLL DEDUCTION BI-WEEKLY \$30

B.

Full Name (Last, First, Middle Initial)
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.13950

Amount of Each Receipt this Period 30.00

PAYROLL DEDUCTION BI-WEEKLY \$30

C.

Full Name (Last, First, Middle Initial)
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.14038

Amount of Each Receipt this Period 30.00

PAYROLL DEDUCTION BI-WEEKLY \$30

SUBTOTAL of Receipts This Page (optional) 90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.13638		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.13729		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.13803		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.13878		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.13951		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 2746 Sandhurst Dr.		Transaction ID: SA11AI.14039		
	City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION BI-WEEKLY \$25		
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	Aggregate Year-to-Date 475.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: SA11AI.13639

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION BI-WEEKLY \$80

B. Full Name (Last, First, Middle Initial)
John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13730

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION BI-WEEKLY \$80

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

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13804

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION BI-WEEKLY \$80

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John J. Bishop
 Mailing Address 1390 Picardae Court
 City State Zip Code
Powell OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1360.00
 Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13879
 Amount of Each Receipt this Period 80.00
 PAYROLL DEDUCTION BI-WEEKLY \$80

B. Full Name (Last, First, Middle Initial)
John J. Bishop
 Mailing Address 1390 Picardae Court
 City State Zip Code
Powell OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1440.00
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13952
 Amount of Each Receipt this Period 80.00
 PAYROLL DEDUCTION BI-WEEKLY \$80

C. Full Name (Last, First, Middle Initial)
John J. Bishop
 Mailing Address 1390 Picardae Court
 City State Zip Code
Powell OH 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1520.00
 Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14040
 Amount of Each Receipt this Period 80.00
 PAYROLL DEDUCTION BI-WEEKLY \$80

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

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

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

FOR LINE NUMBER: PAGE 12 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address S86 W33540 Short Drive

City State Zip Code
Mukwonago WI 53149-9306

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13857

Amount of Each Receipt this Period
125.00

Deduction of \$125

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: SA11AI.13617

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION BI-WEEKLY \$20

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13712

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION BI-WEEKLY \$20

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13783
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13861
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

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

Mailing Address 1831 265th Street

City Calamus State IA Zip Code 52729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13934
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1831 265th Street

City State Zip Code
Calamus IA 52729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14022

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

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

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 43123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13640

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

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

Mailing Address 3979 Chancellor Drive

City State Zip Code
Grove city OH 43123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13731

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.13805
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK-LEY \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.13880
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK-LEY \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.13953
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK-LEY \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2010
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.14041
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LEY \$15
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010
	Mailing Address 5300 State Route 203	Transaction ID: SA11AI.13618
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2010
	Mailing Address 5300 State Route 203	Transaction ID: SA11AI.13713
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Radnor	OH	43066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13784
Name of Employer Motorists Mutual Ins. Co.		Occupation Assistant V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

B.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Radnor	OH	43066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13862
Name of Employer Motorists Mutual Ins. Co.		Occupation Assistant V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright		Date of Receipt
	Mailing Address 5300 State Route 203		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Radnor	OH	43066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13935
Name of Employer Motorists Mutual Ins. Co.		Occupation Assistant V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

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

FOR LINE NUMBER: PAGE 18 / 149

(check only one)

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

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

A.

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

Mailing Address 5300 State Route 203

City State Zip Code
Radnor OH 43066

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14023

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13641

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

C.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13732

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

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 19 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.13806

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

B.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

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

Date of Receipt

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

Transaction ID: SA11AI.13881

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

C.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
Motorists Mutual Ins Co Asst. VP

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13954

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LEY \$15

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 149
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tom Brock

Mailing Address 665 Woodduck Ct.

City Columbus State OH Zip Code 43215

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

Name of Employer Motorists Mutual Ins Co Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.14042

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-LEY \$15

B.

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13642

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-LY \$15

C.

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13733

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-LY \$15

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 21 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13807
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13882
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13955
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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
 13 14 15 16 17

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

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

Mailing Address 6984 Linbrook Blvd.

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14043
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13643
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 6436 Meadow Glen N

City Westerville State OH Zip Code 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13734
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.13808

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt

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

Transaction ID: SA11AI.13883

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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

Mailing Address 6436 Meadow Glen N

City State Zip Code
Westerville OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13956

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 24 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas D. Campana
Mailing Address 6436 Meadow Glen N
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14044
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell
Mailing Address 5760 Whispering Trail
City Galena State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13644
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell
Mailing Address 5760 Whispering Trail
City Galena State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13735
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

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 25 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.13809

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEELY \$25

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 20 / 2010

Transaction ID: SA11AI.13884

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEELY \$25

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

Mailing Address 5760 Whispering Trail

City Galena State OH Zip Code 43021

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

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Marketing Services & PL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2010

Transaction ID: SA11AI.13957

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEELY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2010
	Mailing Address 5760 Whispering Trail	Transaction ID: SA11AI.14045
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Marketing Services & PL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.13645
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2010
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.13736
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.13810

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

B.

Full Name (Last, First, Middle Initial)

John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.13885

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

C.

Full Name (Last, First, Middle Initial)

John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13958

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2010
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.14046
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.13619
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Iowa Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2010
	Mailing Address 712 South 9th Street Ct.	Transaction ID: SA11AI.13714
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Iowa Mutual Insurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 149

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 712 South 9th Street Ct.		Transaction ID: SA11AI.13785
	City Eldridge	State IA	Zip Code 52748
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Iowa Mutual Insurance Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 712 South 9th Street Ct.		Transaction ID: SA11AI.13863
	City Eldridge	State IA	Zip Code 52748
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Iowa Mutual Insurance Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

C.	Full Name (Last, First, Middle Initial) Mr. Thomas R Cole		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 712 South 9th Street Ct.		Transaction ID: SA11AI.13936
	City Eldridge	State IA	Zip Code 52748
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Iowa Mutual Insurance Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 149

(check only one)

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

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

A.

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

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer
Iowa Mutual Insurance Com-
pany

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14024

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

B.

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

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13646

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

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

Mailing Address 10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13737

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

SUBTOTAL of Receipts This Page (optional) ▶

55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 149		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13811 Amount of Each Receipt this Period <input type="text" value="15.00"/> PAYROLL DEDUCTION BI-WEEKLY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

B.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13886 Amount of Each Receipt this Period <input type="text" value="15.00"/> PAYROLL DEDUCTION BI-WEEKLY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper		Date of Receipt
	Mailing Address 10544 Smoke Road, SW		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13959 Amount of Each Receipt this Period <input type="text" value="15.00"/> PAYROLL DEDUCTION BI-WEEKLY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 149 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Kathleen M. Cooper</p> <p>Mailing Address 10544 Smoke Road, SW</p> <p>City State Zip Code Pataskala OH 43062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Motorists Mutual Ins. Company Occupation: Assist. V. P.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.14047</p> <p>Amount of Each Receipt this Period 15.00</p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$15</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Mrs. Camille Craig</p> <p>Mailing Address 4282 Hunts Drive</p> <p>City State Zip Code Gahanna OH 43230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Motorists Life Ins. Co. Occupation: Assistant Vice President Life Adm.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.13647</p> <p>Amount of Each Receipt this Period 15.00</p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$15</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Mrs. Camille Craig</p> <p>Mailing Address 4282 Hunts Drive</p> <p>City State Zip Code Gahanna OH 43230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Motorists Life Ins. Co. Occupation: Assistant Vice President Life Adm.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.13738</p> <p>Amount of Each Receipt this Period 15.00</p> <p>PAYROLL DEDUCTION BI-WEEK- LY \$15</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	1	0												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>45.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

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

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

FOR LINE NUMBER: PAGE 33 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13812
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13887
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 4282 Hunts Drive

City State Zip Code
Gahanna OH 43230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13960
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14048
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="285.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13648
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13739
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.13813
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.13888
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 53 Nottingham Road	Transaction ID: SA11AI.13961
	City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> 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 36 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.14049

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13649

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13740

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13814
	Amount of Each Receipt this Period 25.00		PAYROLL DEDUCTION BI-WEEK- LY \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13889
	Amount of Each Receipt this Period 25.00		PAYROLL DEDUCTION BI-WEEK- LY \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson		Date of Receipt
	Mailing Address 5922 Coventry Lake Drive		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Hilliard	State OH	Zip Code 43026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13962
	Amount of Each Receipt this Period 25.00		PAYROLL DEDUCTION BI-WEEK- LY \$25
Name of Employer Motorists Mutual Ins. Com- pany	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

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

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

FOR LINE NUMBER: PAGE 38 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.14050

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 806.40

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13631

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13724

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

SUBTOTAL of Receipts This Page (optional) ► 140.20

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

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

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

FOR LINE NUMBER: PAGE 39 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 921.60

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13797

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 979.20

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.13873

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

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

Mailing Address 7542 East Rush Ridge Road

City State Zip Code
Bloomington IN 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13946

Amount of Each Receipt this Period 57.60

PAYROLL DEDUCTION BI-WEEKLY \$57.60

SUBTOTAL of Receipts This Page (optional) ► 172.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
	Mailing Address 7542 East Rush Ridge Road		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bloomington	IN	47401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Director	Transaction ID: SA11AI.14034
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1094.40"/>	<input type="text" value="57.60"/>
PAYROLL DEDUCTION BI-WEEKLY \$57.60			

B.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Asst VP	Transaction ID: SA11AI.13650
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp		Date of Receipt
	Mailing Address 3123 Summit Street		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Insurance Co.		Occupation Asst VP	Transaction ID: SA11AI.13741
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="87.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 41 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph P Fullenkamp
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13815
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Joseph P Fullenkamp
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13890
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Joseph P Fullenkamp
Mailing Address 3123 Summit Street

City Columbus State OH Zip Code 43202

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

Name of Employer Motorists Mutual Insurance Co. Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13963
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 42 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Joseph P Fullenkamp

Mailing Address 3123 Summit Street

City State Zip Code
Columbus OH 43202

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

Name of Employer Occupation
Motorists Mutual Insurance Co. Asst VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14051

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B.

Full Name (Last, First, Middle Initial)

Rolf H. Gesen

Mailing Address 63 Penacook Rd.

City State Zip Code
Contoocook NH 03229

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

Name of Employer Occupation
Phenix Mutual President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1137.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: SA11AI.13711

Amount of Each Receipt this Period

162.50

Qtrly Cash Contribution

C.

Full Name (Last, First, Middle Initial)

Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13652

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ▶

192.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 149
(check only one)

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

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

A.

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

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13743

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

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

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13817

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

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

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13892

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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

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

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

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

FOR LINE NUMBER: PAGE 44 / 149

(check only one)

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

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

A.

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

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13965

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B.

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

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14053

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

C.

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

Mailing Address 396 Shelby Avenue, East

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13653

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTIONS BI-WEEKLY \$15

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 45 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.13744
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTIONS BI-WEEKLY \$15

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.13818
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTIONS BI-WEEKLY \$15

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

Mailing Address 396 Shelby Avenue, East

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: SA11AI.13893
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTIONS BI-WEEKLY \$15

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 46 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 396 Shelby Avenue, East

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13966

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTIONS BI-WEEKLY \$15

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

Mailing Address 396 Shelby Avenue, East

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14054

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTIONS BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Dino Guanciale

Mailing Address 4819 St. Andrews Circle

City State Zip Code
Westerville OH 43082

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

Name of Employer Motorists Mutual Ins Co.
Occupation Asst. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13656

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13745
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

B.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13819
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 240.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

C.	Full Name (Last, First, Middle Initial) Dino Guanciale		Date of Receipt
	Mailing Address 4819 St. Andrews Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13894
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 255.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

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

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

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

FOR LINE NUMBER: PAGE 48 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dino Guanciale
Mailing Address 4819 St. Andrews Circle
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13967
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Dino Guanciale
Mailing Address 4819 St. Andrews Circle
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14055
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack
Mailing Address 7494 Heffley Court
City Canal Winchester State OH Zip Code 43110
FEC ID number of contributing federal political committee. **C**
Name of Employer The Motorists Insurance Group Occupation Sr. VP and Asst. Secretary
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13657
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 55.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 49 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13746

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13820

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.13895

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 149

(check only one)

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

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

A.

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13968

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

B.

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

Mailing Address 7494 Heffley Court

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Occupation
The Motorists Insurance Group Sr. VP and Asst. Secretary

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14056

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

C.

Full Name (Last, First, Middle Initial)
Marc S. Hall

Mailing Address 5999 Lane Road

City State Zip Code
Centerburg OH 43011

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13658

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13747
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

B.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13821
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 240.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

C.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13896
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 255.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13969
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

B.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="285.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13659
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2010
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13748
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15			

B.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2010
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13822
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15			

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt
	Mailing Address 813 East College Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13897
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	<input type="text"/> 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15			

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

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

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

FOR LINE NUMBER: PAGE 54 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13970

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 813 East College Avenue

City State Zip Code
Westerville OH 43081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14058

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13624

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washington Drive		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Howards Grove	WI	53083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.13718
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="15.00"/>
		<input type="text" value="225.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$15

B.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washington Drive		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Howards Grove	WI	53083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.13790
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="15.00"/>
		<input type="text" value="240.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$15

C.	Full Name (Last, First, Middle Initial) Mr. James F Hayon		Date of Receipt
	Mailing Address 1020 South Washington Drive		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Howards Grove	WI	53083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.13867
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="15.00"/>
		<input type="text" value="255.00"/>	PAYROLL DEDUCTION BI-WEEK- LY \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. James F Hayon	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 1020 South Washington Drive	Transaction ID: SA11AI.13940
	City State Zip Code Howards Grove WI 53083	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Mr. James F Hayon	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1020 South Washington Drive	Transaction ID: SA11AI.14028
	City State Zip Code Howards Grove WI 53083	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 9725 Wagonwood Drive	Transaction ID: SA11AI.13663
	City State Zip Code Pickerington OH 43147	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
	Mailing Address 9725 Wagonwood Drive		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.13749
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

B.	Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
	Mailing Address 9725 Wagonwood Drive		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.13823
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

C.	Full Name (Last, First, Middle Initial) Thomas J. Henderson		Date of Receipt
	Mailing Address 9725 Wagonwood Drive		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P., Claims	Transaction ID: SA11AI.13898
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

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

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

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

FOR LINE NUMBER: PAGE 58 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010

Transaction ID: SA11AI.13971

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Thomas J. Henderson

Mailing Address 9725 Wagonwood Drive

City Pickerington State OH Zip Code 43147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.14059

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 1409 Snowmass Road

City Columbus State OH Zip Code 43235

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13664

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00
 Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Transaction ID: SA11AI.13750
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Transaction ID: SA11AI.13824
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00
 Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Transaction ID: SA11AI.13899
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

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

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

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

FOR LINE NUMBER: PAGE 60 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13972
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25
 FEC ID number of contributing federal political committee. C
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Aggregate Year-to-Date 450.00
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial)
Peter A. Hitchcock
 Mailing Address 1409 Snowmass Road
 City Columbus State OH Zip Code 43235
 Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14060
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25
 FEC ID number of contributing federal political committee. C
 Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations
 Receipt For: Primary General Aggregate Year-to-Date 475.00
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial)
Jeffrey O. Hoover
 Mailing Address 4556 Dirham Court
 City Hilliard State OH Zip Code 43026
 Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13666
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15
 FEC ID number of contributing federal political committee. C
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
 Receipt For: Primary General Aggregate Year-to-Date 210.00
 Other (specify) ▼

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 61 / 149
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 4556 Dirham Court		Transaction ID: SA11AI.13751
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 4556 Dirham Court		Transaction ID: SA11AI.13825
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 4556 Dirham Court		Transaction ID: SA11AI.13900
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 62 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey O. Hoover
Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13973
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Jeffrey O. Hoover
Mailing Address 4556 Dirham Court

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14061
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers
Mailing Address 6401 Possmore Lane

City Canal Winchester State OH Zip Code 43110

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

Name of Employer Motorists Mutual Ins Company
Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13667
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.13752
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer: Motorists Mutual Ins Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.13826
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer: Motorists Mutual Ins Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.13901
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer: Motorists Mutual Ins Company Occupation: Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

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 64 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13974

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14062

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13625

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.13719
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25

B. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.13791
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25

C. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.13868
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13941
Amount of Each Receipt this Period: 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

Name of Employer: Wilson Mutual Ins. Co. Occupation: Sr. V.P. Administration
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 450.00

B. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser
Mailing Address 5729 Superior Avenue
City Sheboygan State WI Zip Code 53083
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14029
Amount of Each Receipt this Period: 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

Name of Employer: Wilson Mutual Ins. Co. Occupation: Sr. V.P. Administration
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 475.00

C. Full Name (Last, First, Middle Initial)
David L. Kaufman
Mailing Address 7925 Greenside Lane
City Worthington State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13668
Amount of Each Receipt this Period: 30.00
PAYROLL DEDUCTION BI-WEEKLY \$30.00

Name of Employer: Motorists Mutual Ins Co Occupation: Executive VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 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

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

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.13753

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION BI-WEEKLY \$30.00

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.13827

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION BI-WEEKLY \$30.00

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

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Ins Co Occupation Executive VP

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

Date of Receipt

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

Transaction ID: SA11AI.13902

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION BI-WEEKLY \$30.00

SUBTOTAL of Receipts This Page (optional) ►

90.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David L. Kaufman
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00
 Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13975
 Amount of Each Receipt this Period 30.00
 PAYROLL DEDUCTION BI-WEEKLY \$30.00

B. Full Name (Last, First, Middle Initial)
David L. Kaufman
 Mailing Address 7925 Greenside Lane
 City State Zip Code
 Worthington OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins Co Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00
 Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14063
 Amount of Each Receipt this Period 30.00
 PAYROLL DEDUCTION BI-WEEKLY \$30.00

C. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00
 Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13670
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEKLY \$20

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 69 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt MM / DD / YYYY
 07 / 23 / 2010
Transaction ID: SA11AI.13754
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEKLY \$20

B. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00
 Date of Receipt MM / DD / YYYY
 08 / 06 / 2010
Transaction ID: SA11AI.13828
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEKLY \$20

C. Full Name (Last, First, Middle Initial)
John C. Kessler
 Mailing Address 3910 Caswell Road
 City State Zip Code
 Johnstown OH 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt MM / DD / YYYY
 08 / 20 / 2010
Transaction ID: SA11AI.13903
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEKLY \$20

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

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

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

FOR LINE NUMBER: PAGE 70 / 149
(check only one)

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

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

A.

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

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Occupation
Motorists Mutual Ins. Co. VP and CIO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13976

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

B.

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

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Occupation
Motorists Mutual Ins. Co. VP and CIO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14064

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

C.

Full Name (Last, First, Middle Initial)
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer Occupation
Motorists Mutual Ins. Com-
pany Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13672

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.13755
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.13829
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Anne B. King	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 6934 Roundwood Ct.	Transaction ID: SA11AI.13904
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$25
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

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

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

FOR LINE NUMBER: PAGE 72 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anne B. King
Mailing Address 6934 Roundwood Ct.
City State Zip Code
Dublin OH 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13977
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Anne B. King
Mailing Address 6934 Roundwood Ct.
City State Zip Code
Dublin OH 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14065
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Teresa M. King
Mailing Address 1139 Tidewater Court
City State Zip Code
Westerville OH 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13673
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 73 / 149

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code
Westerville OH 43082

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13756

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

Full Name (Last, First, Middle Initial)

Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code
Westerville OH 43082

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13830

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

Full Name (Last, First, Middle Initial)

Teresa M. King

Mailing Address 1139 Tidewater Court

City State Zip Code
Westerville OH 43082

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.13905

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Teresa M. King
 Mailing Address 1139 Tidewater Court
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13978
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Teresa M. King
 Mailing Address 1139 Tidewater Court
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00
 Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14066
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Jeff Kirkey
 Mailing Address 1749 Pinecone Court
 City State Zip Code
 Lewis Center OH 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13674
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

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)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13757

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.13831

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

C.

Full Name (Last, First, Middle Initial)
Jeff Kirkey

Mailing Address 1749 Pinecone Court

City Lewis Center State OH Zip Code 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010

Transaction ID: SA11AI.13906

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeff Kirkey
Mailing Address 1749 Pinecone Court
City Lewis Center State OH Zip Code 43035
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13979
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Jeff Kirkey
Mailing Address 1749 Pinecone Court
City Lewis Center State OH Zip Code 43035
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14067
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City Manitowoc State WI Zip Code 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13626
Amount of Each Receipt this Period 20.00
PAYROLL DEDUCTION BI-WEEKLY \$20

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

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

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

FOR LINE NUMBER: PAGE 77 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street

City State Zip Code
Manitowoc WI 45220

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.13720
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

B. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street

City State Zip Code
Manitowoc WI 45220

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.13792
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

C. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street

City State Zip Code
Manitowoc WI 45220

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations

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

Date of Receipt

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

Transaction ID: SA11AI.13869
 Amount of Each Receipt this Period 20.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$20

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City State Zip Code
Manitowoc WI 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010
Transaction ID: SA11AI.13942
Amount of Each Receipt this Period
20.00
PAYROLL DEDUCTION BI-WEEK-
LY \$20

B. Full Name (Last, First, Middle Initial)
Mr. Michael S Lappin
Mailing Address 728 South 29th Street
City State Zip Code
Manitowoc WI 45220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Agency Operations
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010
Transaction ID: SA11AI.14030
Amount of Each Receipt this Period
20.00
PAYROLL DEDUCTION BI-WEEK-
LY \$20

C. Full Name (Last, First, Middle Initial)
Mr. Todd Lawrence
Mailing Address 8447 Priestley Drive
City State Zip Code
Reynoldsburg OH 43068
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Motorists Mutual Ins. Com- Assist. V. P.
pany
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010
Transaction ID: SA11AI.13622
Amount of Each Receipt this Period
25.00
PAYROLL DEDUCTION BI-WEEK-
LY \$25

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

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

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

FOR LINE NUMBER: PAGE 79 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13717
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13788
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13866
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13939
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14027
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Mr. David W. Lemon

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13796
 Amount of Each Receipt this Period 125.00
 deduction of \$125

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael Lisi
 Mailing Address 6740 Callaway Court
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company
 Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13677
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Michael Lisi
 Mailing Address 6740 Callaway Court
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company
 Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13759
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Michael Lisi
 Mailing Address 6740 Callaway Court
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company
 Occupation Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13833
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="255.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

B.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.13981
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

C.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.14069
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="285.00"/>	<input type="text" value="15.00"/>
PAYROLL DEDUCTION BI-WEEKLY \$15			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2010
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13678
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 210.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

B.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13760
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

C.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13834
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 240.00	PAYROLL DEDUCTION BI-WEEK- LY \$15

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

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

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

FOR LINE NUMBER: PAGE 84 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2010

Transaction ID: SA11AI.13909

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2010

Transaction ID: SA11AI.13982

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 1002 Loch Ness Avenue

City State Zip Code
Worthington OH 43285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2010

Transaction ID: SA11AI.14070

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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 85 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13627

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13721

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.13793

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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 86 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13870
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13943
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 535 Brule Road #14

City DePere State WI Zip Code 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14031
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 87 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13698

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13780

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

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

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13854

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 7705 Ridgeview Way	Transaction ID: SA11AI.13929
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 7705 Ridgeview Way	Transaction ID: SA11AI.14002
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Mr. Charles A. Martz	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 7705 Ridgeview Way	Transaction ID: SA11AI.14091
	City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEK- LY \$25
	Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

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

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

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

FOR LINE NUMBER: PAGE 89 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt / /
Transaction ID: SA11AI.13699
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

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

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt / /
Transaction ID: SA11AI.13781
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

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

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt / /
Transaction ID: SA11AI.13855
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

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 90 / 149
(check only one)

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

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

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

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13930

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.14003

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt MM / DD / YYYY
07 / 09 / 2010

Transaction ID: SA11AI.13632

Amount of Each Receipt this Period 45.00

PAYROLL DEDUCTION BI-WEEKLY \$45

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 149
(check only one)

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

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

A.

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
07 23 2010

Transaction ID: SA11AI.13725

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION BI-WEEK-
LY \$45

B.

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y
08 06 2010

Transaction ID: SA11AI.13798

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION BI-WEEK-
LY \$45

C.

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt

M M / D D / Y Y Y Y
08 20 2010

Transaction ID: SA11AI.13874

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION BI-WEEK-
LY \$45

SUBTOTAL of Receipts This Page (optional) ▶

135.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 149
(check only one)

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

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

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

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt **09 / 03 / 2010**

Transaction ID: SA11AI.13947

Amount of Each Receipt this Period **45.00**

PAYROLL DEDUCTION BI-WEEKLY \$45

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

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt **09 / 17 / 2010**

Transaction ID: SA11AI.14035

Amount of Each Receipt this Period **45.00**

PAYROLL DEDUCTION BI-WEEKLY \$45

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

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 09 / 2010**

Transaction ID: SA11AI.13679

Amount of Each Receipt this Period **15.00**

PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lancaster	OH	43130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13761
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEK- LY \$15

B.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lancaster	OH	43130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13835
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEK- LY \$15

C.	Full Name (Last, First, Middle Initial) Mark J. Nixon		Date of Receipt
	Mailing Address 662 East Fifth Avenue		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lancaster	OH	43130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13910
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			PAYROLL DEDUCTION BI-WEEK- LY \$15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 149

(check only one)

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

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

A.

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

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13983

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

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

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14071

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

Full Name (Last, First, Middle Initial)
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
Port Charlotte FL 33953

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

Name of Employer
retired from MIG

Occupation
MIG Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13633

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION BI-WEEK-
LY \$50

SUBTOTAL of Receipts This Page (optional) ▶

80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.13726
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.13799
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4612 Club Dr., Unit 201	Transaction ID: SA11AI.13875
	City State Zip Code Port Charlotte FL 33953	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$50
Name of Employer retired from MIG	Occupation MIG Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 96 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
Port Charlotte FL 33953

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

Name of Employer retired from MIG Occupation MIG Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13948
Amount of Each Receipt this Period: 50.00
PAYROLL DEDUCTION BI-WEEKLY \$50

B. Full Name (Last, First, Middle Initial)
Thomas C. Ogg

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code
Port Charlotte FL 33953

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

Name of Employer retired from MIG Occupation MIG Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14036
Amount of Each Receipt this Period: 50.00
PAYROLL DEDUCTION BI-WEEKLY \$50

C. Full Name (Last, First, Middle Initial)
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City State Zip Code
Hilliard OH 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13680
Amount of Each Receipt this Period: 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.13762
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.13836
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.13911
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.	Aggregate Year-to-Date 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 98 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13984
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Mark Peacock

Mailing Address 4460 Swenson Street

City Hilliard State OH Zip Code 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14072
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13700
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 99 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13782

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13856

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13931

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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 100 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.14004

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Carl Richard Powers

Mailing Address 15300 37th Avenue N
Apt. B208

City Plymouth State MN Zip Code 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14103

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13682

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 101 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13764
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13838
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City Powell State OH Zip Code 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13913
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13986

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14074

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Ins. Co.
Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13620

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Georgia Puls	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.13715
	City Eldridge State IA Zip Code 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Georgia Puls	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.13786
	City Eldridge State IA Zip Code 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Georgia Puls	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.13864
	City Eldridge State IA Zip Code 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION BI-WEEKLY \$15
	Name of Employer iowa Mutual Ins. Co. Occupation V. P. Commercial Lines Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13937
		Amount of Each Receipt this Period	
		<input type="text"/> 15.00	
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 270.00	

B.	Full Name (Last, First, Middle Initial) Georgia Puls		Date of Receipt
	Mailing Address 825 West Price Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	Eldridge	IA	52748
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14025
		Amount of Each Receipt this Period	
		<input type="text"/> 15.00	
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Commercial Lines	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 285.00	

C.	Full Name (Last, First, Middle Initial) Kelly Reisling		Date of Receipt
	Mailing Address 3178 Ranke Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2010
	City	State	Zip Code
	Grove City	OH	43123
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13683
		Amount of Each Receipt this Period	
		<input type="text"/> 15.00	
Name of Employer Motorists Mutual Ins Co.		Occupation Asst. VP	PAYROLL DEDUCTION BI-WEEK- LY \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 210.00	

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

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

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

FOR LINE NUMBER: PAGE 105 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13765
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13839
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City Grove City State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00
Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13914
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 106 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City State Zip Code
Grove City OH 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13987
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Kelly Reisling
Mailing Address 3178 Ranke Court
City State Zip Code
Grove City OH 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Asst. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14075
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Paul J. Richards
Mailing Address 4732 Golf Village Drive
City State Zip Code
Powell OH 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13684
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 107 / 149
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13766

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

B.

Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13840

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

C.

Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13915

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

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)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13988

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14076

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Ins. Company
Occupation VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13685

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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

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

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

FOR LINE NUMBER: PAGE 109 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13767

Amount of Each Receipt this Period: 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13841

Amount of Each Receipt this Period: 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13916

Amount of Each Receipt this Period: 25.00

PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13989
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP Planning Prod & Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14077
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13628
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

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 111 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

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

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13722

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

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

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13794

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

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

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13871

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 112 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.13944

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.14032

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: SA11AI.13686

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

SUBTOTAL of Receipts This Page (optional) ► 55.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: SA11AI.13768

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

B. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

Transaction ID: SA11AI.13842

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

C. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt

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

Transaction ID: SA11AI.13917

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

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

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

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

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

FOR LINE NUMBER: PAGE 114 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13990
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14078
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Austin Slattery

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

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

Name of Employer: Motorists Mutual Ins Co.
Occupation: Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13687
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

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 115 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Austin Slattery

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13769

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

Full Name (Last, First, Middle Initial)
Austin Slattery

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13843

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

Full Name (Last, First, Middle Initial)
Austin Slattery

Mailing Address 734 Prairie Run Dr.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.13918

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 116 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Austin Slattery
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13991
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Austin Slattery
Mailing Address 734 Prairie Run Dr.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins Co. Occupation Assistant VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14079
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith
Mailing Address 29270 Hampshire Place
City Westlake State OH Zip Code 44145
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13634
Amount of Each Receipt this Period 55.00
PAYROLL DEDUCTION BI-WEEKLY \$55

SUBTOTAL of Receipts This Page (optional) ▶ 85.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 149
(check only one)

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

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

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

A.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.13727

Amount of Each Receipt this Period
55.00

**PAYROLL DEDUCTION BI-WEEK-
LY \$55**

B.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: SA11AI.13800

Amount of Each Receipt this Period
55.00

**PAYROLL DEDUCTION BI-WEEK-
LY \$55**

C.

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

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.13876

Amount of Each Receipt this Period
55.00

**PAYROLL DEDUCTION BI-WEEK-
LY \$55**

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

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

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

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

FOR LINE NUMBER: PAGE 118 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.13949

Amount of Each Receipt this Period 55.00

PAYROLL DEDUCTION BI-WEEKLY \$55

B. Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14037

Amount of Each Receipt this Period 55.00

PAYROLL DEDUCTION BI-WEEKLY \$55

C. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Motorists Mutual Ins. Company Occupation VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.13688

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION BI-WEEKLY \$15

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 119 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.
Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.13770
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.
Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.13844
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.
Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: SA11AI.13919
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEKLY \$15

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)

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

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

A.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13992

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Com-
pany

Occupation
VP MAX Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14080

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

Full Name (Last, First, Middle Initial)
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Ins. Co.

Occupation
Sr. VP CL & Affiliate Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13689

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

SUBTOTAL of Receipts This Page (optional) ▶

55.00

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

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

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

FOR LINE NUMBER: PAGE 121 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles D. Stapleton
Mailing Address 6900 Kindler Drive
City New Albany State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13771
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Charles D. Stapleton
Mailing Address 6900 Kindler Drive
City New Albany State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13845
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Charles D. Stapleton
Mailing Address 6900 Kindler Drive
City New Albany State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13920
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.13993

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

B. Full Name (Last, First, Middle Initial)
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP CL & Affiliate Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14081

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION BI-WEEK-
LY \$25

C. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13690

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTIONS BI-WEE-
KLY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.13772

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTIONS BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.13846

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTIONS BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13921

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTIONS BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13994
Amount of Each Receipt this Period: 25.00
PAYROLL DEDUCTIONS BI-WEEKLY \$25

B.

Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14082
Amount of Each Receipt this Period: 25.00
PAYROLL DEDUCTIONS BI-WEEKLY \$25

C.

Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13691
Amount of Each Receipt this Period: 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 125 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.13773
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.13847
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: SA11AI.13922
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

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 126 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13995
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14083
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City State Zip Code
Lewis Center OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer: Motorists Mutual Ins. Com-
pany
Occupation: Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.13692
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION BI-WEEK-
 LY \$25

SUBTOTAL of Receipts This Page (optional) ► 55.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13774
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13848
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13923
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13996
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

B. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14085
Amount of Each Receipt this Period 25.00
PAYROLL DEDUCTION BI-WEEKLY \$25

C. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13693
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 129 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13775

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B.

Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13849

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C.

Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.13924

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13997
Amount of Each Receipt this Period: 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14086
Amount of Each Receipt this Period: 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Alan R. Tubbs

Mailing Address 1300 Scenic Hill Ln.

City State Zip Code
DeWitt IA 52742

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.13801
Amount of Each Receipt this Period: 125.00
DEDUCTION \$125

SUBTOTAL of Receipts This Page (optional) ► 155.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13694

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

B.

Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13776

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

C.

Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Motorists Mutual Insurance Vice President
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13850

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION BI-WEEK-
LY \$20

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 149
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00
Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13925
Amount of Each Receipt this Period 20.00
PAYROLL DEDUCTION BI-WEEKLY \$20

B. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13998
Amount of Each Receipt this Period 20.00
PAYROLL DEDUCTION BI-WEEKLY \$20

C. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger
Mailing Address 7105 Lakebrook Blvd.
City Columbus State OH Zip Code 43235
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Insurance Company Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14087
Amount of Each Receipt this Period 20.00
PAYROLL DEDUCTION BI-WEEKLY \$20

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13630

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION BI-WEEK-
LY \$40

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13723

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION BI-WEEK-
LY \$40

C. Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City State Zip Code
Sheboygan WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wilson Mutual Ins. Company President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13795

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION BI-WEEK-
LY \$40

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 149
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt																					
	Mailing Address 5203 South 8th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
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	0	8		2	0		2	0	1	0														
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.		C	<table border="1"> <tr> <td>40.00</td> </tr> </table>		40.00																			
40.00																								
Name of Employer Wilson Mutual Ins. Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"> <tr> <td>680.00</td> </tr> </table>		680.00																			
680.00																								

B.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt																					
	Mailing Address 5203 South 8th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	3		2	0	1	0														
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	<table border="1"> <tr> <td>40.00</td> </tr> </table>		40.00																			
40.00																								
Name of Employer Wilson Mutual Ins. Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"> <tr> <td>720.00</td> </tr> </table>		720.00																			
720.00																								

C.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt																					
	Mailing Address 5203 South 8th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	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	<table border="1"> <tr> <td>40.00</td> </tr> </table>		40.00																			
40.00																								
Name of Employer Wilson Mutual Ins. Company		Occupation President	PAYROLL DEDUCTION BI-WEEK- LY \$40																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"> <tr> <td>760.00</td> </tr> </table>		760.00																			
760.00																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00
120.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**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 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13621
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13716
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel
 Mailing Address 4918 Norfolk Drive
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13787
 Amount of Each Receipt this Period 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

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)
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FOR LINE NUMBER: PAGE 136 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: SA11AI.13865
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

B. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.13938
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

C. Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Mutual Ins. Co. Occupation V. P. Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: SA11AI.14026
 Amount of Each Receipt this Period: 15.00
 PAYROLL DEDUCTION BI-WEEK-LEY \$15

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 137 / 149
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.13695

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION BI-WEEK-
LY \$30

B.

Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.13777

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION BI-WEEK-
LY \$30

C.

Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: SA11AI.13851

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION BI-WEEK-
LY \$30

SUBTOTAL of Receipts This Page (optional) ► **90.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Charles A. Wickert
 Mailing Address 5519 Medallion Drive W.
 City State Zip Code
Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.13926
 Amount of Each Receipt this Period 30.00
 PAYROLL DEDUCTION BI-WEEKLY \$30

B. Full Name (Last, First, Middle Initial)
Charles A. Wickert
 Mailing Address 5519 Medallion Drive W.
 City State Zip Code
Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.13999
 Amount of Each Receipt this Period 30.00
 PAYROLL DEDUCTION BI-WEEKLY \$30

C. Full Name (Last, First, Middle Initial)
Charles A. Wickert
 Mailing Address 5519 Medallion Drive W.
 City State Zip Code
Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Co. Occupation Sr. VP Life Ops & Corp. Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00
 Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.14088
 Amount of Each Receipt this Period 30.00
 PAYROLL DEDUCTION BI-WEEKLY \$30

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Charles A. Williams
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 09 / 2010
Transaction ID: SA11AI.13696
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

B. Full Name (Last, First, Middle Initial)
Charles A. Williams
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 07 / 23 / 2010
Transaction ID: SA11AI.13778
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

C. Full Name (Last, First, Middle Initial)
Charles A. Williams
Mailing Address 14924 S. R. 35, E.
City Sunbury State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 08 / 06 / 2010
Transaction ID: SA11AI.13852
Amount of Each Receipt this Period 15.00
PAYROLL DEDUCTION BI-WEEKLY \$15

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 140 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13927

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

B. Full Name (Last, First, Middle Initial)
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.14000

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

C. Full Name (Last, First, Middle Initial)
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14089

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION BI-WEEK-
LY \$15

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 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.13697

Amount of Each Receipt this Period 35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

B. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 23 / 2010

Transaction ID: SA11AI.13779

Amount of Each Receipt this Period 35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

C. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.13853

Amount of Each Receipt this Period 35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

SUBTOTAL of Receipts This Page (optional) ► 105.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13928

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

B. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.14001

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

C. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14090

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION BI-WEEKLY \$35

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ► **9538.10**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial) Citizens for Buehrer <hr/> Mailing Address 319 East Elm Street <hr/> City Wauseon State OH Zip Code 43567 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Buehrer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14104 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Citizens for Duffey <hr/> Mailing Address 643 Farrington Drive <hr/> City Worthington State OH Zip Code 43085 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Duffey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14011 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Citizens for Hottinger <hr/> Mailing Address 2135 Horns Hill Drive <hr/> City Newark State OH Zip Code 43055 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Hottinger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 71 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13709 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p>A. Full Name (Last, First, Middle Initial) Citizens for Josh Mandel</p> <p>Mailing Address 4261 Fulton Road</p> <p>City Cleveland State OH Zip Code 44144</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens for Josh Mandel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p>Transaction ID: SB29.14098 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	6		2	0	1	0													
500.00																						
<p>B. Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens for Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 21</p>	<p>Transaction ID: SB29.14007 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">350.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0	350.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	1	0													
350.00																						
<p>C. Full Name (Last, First, Middle Initial) Citizens for Mingo</p> <p>Mailing Address 12364 Thoroughbred Drive</p> <p>City Pickerington State OH Zip Code 43147</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Citizens for Mingo</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.13706 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	5		2	0	1	0													
500.00																						

SUBTOTAL of Disbursements This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

<p>A. Full Name (Last, First, Middle Initial) Citizens for Sears</p> <p>Mailing Address 6711 Monroe Street Building 3 Suite D</p> <p>City State Zip Code Sylvania OH 43560</p> <p>Purpose of Disbursement Contribution 011 Category/ Type</p> <p>Candidate Name Citizens for Sears</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 46</p>	<p>Transaction ID: SB29.14110</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address 106 N. Main St.</p> <p>City State Zip Code New Lexington OH 43764</p> <p>Purpose of Disbursement Contribution 011 Category/ Type</p> <p>Candidate Name Citizens to Elect Dan Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 91</p>	<p>Transaction ID: SB29.14109</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney</p> <p>Mailing Address 357 East Torrence Road</p> <p>City State Zip Code Columbus OH 43214</p> <p>Purpose of Disbursement Contribution 011 Category/ Type</p> <p>Candidate Name Citizens to Elect John Patrick Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 22</p>	<p>Transaction ID: SB29.14106</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.	Full Name (Last, First, Middle Initial) Friends of David Daniels Mailing Address 440 North St. City Greenfield State OH Zip Code 45123 Purpose of Disbursement Contributions Candidate Name Friends of David Daniels Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14008 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2010 Amount of Each Disbursement this Period 350.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 State Route 703 City Celina State OH Zip Code 45822 Purpose of Disbursement Contribution Candidate Name Friends of Faber Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14093 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Kris Jordan Mailing Address 161 Stonebend Drive City Powell State OH Zip Code 43065 Purpose of Disbursement Contribution Candidate Name Friends of Kris Jordan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14105 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2010 Amount of Each Disbursement this Period 250.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.	Full Name (Last, First, Middle Initial) Kasich for Ohio	Transaction ID: SB29.14012 Date of Disbursement 09 / 03 / 2010
	Mailing Address 14 E. Gay Street 2nd Floor	Amount of Each Disbursement this Period 500.00
	City Columbus State OH Zip Code 43209	
	Purpose of Disbursement Contribution Candidate Name Kasich for Ohio	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) O'Connor for Chief Justice	Transaction ID: SB29.13655 Date of Disbursement 07 / 14 / 2010
	Mailing Address 260 N Cassady Ave	Amount of Each Disbursement this Period 2151.00
	City Columbus State OH Zip Code 43209	
	Purpose of Disbursement Contribution Candidate Name O'Connor for Chief Justice	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) O'Grady for Franklin County Commissioner	Transaction ID: SB29.13707 Date of Disbursement 07 / 15 / 2010
	Mailing Address 480 S. 3rd Street	Amount of Each Disbursement this Period 250.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Contribution Candidate Name O'Grady for Franklin County Commissioner	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2901.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A. Full Name (Last, First, Middle Initial) OIIPAC <hr/> Mailing Address 172 East State Street P. O. Box 816 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement Political Contributions Candidate Name OIIPAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13932 Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Re-Elect Jean Schmidt for Congress <hr/> Mailing Address PO Box 867 <hr/> City Milford State OH Zip Code 45150 <hr/> Purpose of Disbursement Contribution Candidate Name Re-Elect Jean Schmidt for Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.14018 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Re-elect Justice Lanzinger Committee <hr/> Mailing Address 260 N Cassady Ave <hr/> City Columbus State OH Zip Code 43209 <hr/> Purpose of Disbursement Contribution Candidate Name Re-elect Justice Lanzinger Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13654 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2010
	Amount of Each Disbursement this Period 2151.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5151.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

A.

Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Transaction ID: SB29.13615

Date of Disbursement

Mailing Address 4679 Winterset Drive

07 / 14 / 2010

City Columbus State OH Zip Code 43220

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Republican Senate Campaign Committee

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Stivers for Congress

Transaction ID: SB29.14019

Date of Disbursement

Mailing Address 211 S. Fifth St.

09 / 03 / 2010

City Columbus State OH Zip Code 43215

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Stivers for Congress

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Transaction ID: SB29.14006

Date of Disbursement

Mailing Address 2931 E Dublin Granville Road
Suite 190

09 / 03 / 2010

City Columbus State OH Zip Code 43231

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contributions

011
Category/
Type

Candidate Name
TIBERI FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

14252.00