



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="33086.11"/>	<input type="text" value="33086.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16555.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1233.10"/>	<input type="text" value="29980.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17788.76"/>	<input type="text" value="63066.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3602.00"/>	<input type="text" value="48879.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14186.76"/>	<input type="text" value="14186.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

Report Covering the Period: From:  /  /  To:  /  /

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).....	1195.10	15331.90
(ii) Unitemized .....	38.00	14648.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1233.10	29980.10
(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) .....	1233.10	29980.10
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 Transfers (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))..... ▶	1233.10	29980.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1233.10	29980.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	2.00	29.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2.00	29.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	2750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	3350.00	46100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	3602.00	48879.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3602.00	48879.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1233.10	29980.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1233.10	29980.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2.00	29.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2.00	29.45

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

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

FOR LINE NUMBER: PAGE 6 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Life Insurance Compa President MLIC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21916**  
 Amount of Each Receipt this Period  
 40.00  
 payroll deduction of \$40

Full Name (Last, First, Middle Initial)  
**B. David R. Benseler**  
 Mailing Address 2746 Sandhurst Dr.  
 City State Zip Code  
 Lewis Center OH 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorist Mutual Ins. Co. Assistant VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21917**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

Full Name (Last, First, Middle Initial)  
**c. Mr. Jon A. Bright**  
 Mailing Address 4915 Norfolk Place  
 City State Zip Code  
 Bettendorf IA 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Mutual Ins. Co. Sr. V.P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21919**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**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 7 OF 28  
(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**

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

Mailing Address 60 E. Spring St. #326

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 ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21920**

Amount of Each Receipt this Period  
 15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21921**

Amount of Each Receipt this Period  
 15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**c. 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 ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21922**

Amount of Each Receipt this Period  
 25.00

payroll deduction of \$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: (check only one)	PAGE 8 OF 28
<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. Mrs. Camille Craig**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21923**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**B. Mrs. Rose DePontes**  
Full Name (Last, First, Middle Initial)  
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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21924**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Stephen T. Entenmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7271 Middletown Rd.

City Galion	State OH	Zip Code 44833
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Motorists Mutual Insurance	Occupation Asst. Vice President
----------------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21925**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 9 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jason M Eppley**

Mailing Address 7918 Brianna Drive

City State Zip Code  
 Blacklick OH 43004

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

Name of Employer Occupation  
 Motorists Mutual Insurance Co AVP, Commercial Production & Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21926**

Amount of Each Receipt this Period  
 15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Jeffrey S Fee**

Mailing Address 537 Courtright Court

City State Zip Code  
 Pickerington OH 43147

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

Name of Employer Occupation  
 Motorists Mutual Ins. Co. Asst Vice President Commercial Lines

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21927**

Amount of Each Receipt this Period  
 15.00

payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Cynthia Feldner**

Mailing Address 4555 Windrow Dr.

City State Zip Code  
 Grove City OH 43123

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

Name of Employer Occupation  
 Motorists Mutual Ins. Co. AVP Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11AI.21928**

Amount of Each Receipt this Period  
 15.00

payroll deduction of \$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 10 OF 28
<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. Mr. Larry L. Forrester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9240 Griggs Rd  
 City Englewood State FL Zip Code 34224  
 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 ▼ 1697.10

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21929**  
 Amount of Each Receipt this Period 70.10  
 payroll deduction of \$70.10

**B. Joseph P Fullenkamp**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 315.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21930**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**C. Charles R. Gaskill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 Briarmeadow Dr.  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Sr. VP, General Counsel & Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21931**  
 Amount of Each Receipt this Period 10.00  
 payroll deduction of \$10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.10  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms Ying George**  
 Mailing Address 1389 Glenn Ave  
 City Columbus State OH Zip Code 43212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Tax Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21932**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Rolf H. Gesen**  
 Mailing Address 63 Penacook Rd.  
 City Contoocook State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21933**  
 Amount of Each Receipt this Period **25.00**  
 payroll deduction of \$25

Full Name (Last, First, Middle Initial)  
**C. Mrs. Jeanne I. Gibbons**  
 Mailing Address 14 Burreed Court  
 City Pataskala State OH Zip Code 43062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Personal Lines Adm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21934**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$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 12 OF 28
<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. Elizabeth Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Ellis Place

City Columbus	State OH	Zip Code 43204
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company	Occupation AVP Personal Lines Underwriting
---------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21935**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

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

Mailing Address 396 Shelby Avenue, East

City Powell	State OH	Zip Code 43065
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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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21936**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

**C. Archie Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6845 Temperance Point Place

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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 ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21937**

Amount of Each Receipt this Period  

10.00
-------

 payroll deduction of \$10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> 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 OF 28  
(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. Dino Guanciale**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21938**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**B. Mrs. Susan E. Haack**  
 Full Name (Last, First, Middle Initial)  
 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, Treasurer and CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21939**  
 Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$25

**C. Marc S. Hall**  
 Full Name (Last, First, Middle Initial)  
 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:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21940**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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: PAGE 14 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Motorists Mutual Ins. Company Assist. V. P.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21941**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Henderson**  
 Mailing Address 9725 Wagonwood Drive  
 City State Zip Code  
 Pickerington OH 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Assist. V. P., Claims  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21942**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. Kirk Hennen**  
 Mailing Address 2860 Wynridge Drive  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Insurance Co AVP, Sales - West Zone  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21943**  
 Amount of Each Receipt this Period  
 20.00  
 payroll deduction of \$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 15 OF 28  
(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. Jeffrey O. Hoover**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **315.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21944**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$15

**B. Mr. Dan E. Jeffers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Rossmore 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 ▼ **315.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21945**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$15

**C. Ms Jessica Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 E. Dominion Blvd  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Co. Occupation AVP, Commercial Lines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : SA11AI.21946**  
 Amount of Each Receipt this Period **15.00**  
 payroll deduction of \$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 16 OF 28  
(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. David L. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7925 Greenside Lane

City State Zip Code  
Worthington OH 43235

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

Name of Employer Occupation  
Motorists Mutual Ins Co Executive VP & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
10 / 10 / 2014  
Transaction ID : SA11AI.21947

Amount of Each Receipt this Period  
30.00  
payroll deduction of \$30

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

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 ▼  
420.00

Date of Receipt  
10 / 10 / 2014  
Transaction ID : SA11AI.21948

Amount of Each Receipt this Period  
20.00  
payroll deduction of \$20

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

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. Company Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
10 / 10 / 2014  
Transaction ID : SA11AI.21949

Amount of Each Receipt this Period  
25.00  
payroll deduction of \$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 17 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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. Company Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21950**

Amount of Each Receipt this Period  
**15.00**  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael S Lappin**

Mailing Address 728 South 29th Street

City State Zip Code  
 Manitowoc WI 45220

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

Name of Employer Occupation  
 Wilson Mutual Ins. Co. V.P. Agency Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21952**

Amount of Each Receipt this Period  
**20.00**  
 payroll deduction of 20

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

Mailing Address 116 Clarke Lane

City State Zip Code  
 Hopkinton NH 03229

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

Name of Employer Occupation  
 Phenix Mutual Fire Ins. Co. Sr. V.P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21953**

Amount of Each Receipt this Period  
**25.00**  
 payroll deduction of \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<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. Michael Lisi**  
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Callaway Court

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 ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21954**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

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

Mailing Address 1002 Loch Ness Avenue

City Worthington State OH Zip Code 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 ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21955**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

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

Mailing Address #1 2441 121 Cir NE

City Blaine State MN Zip Code 55449

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21956**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$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 OF 28  
(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. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 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:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 945.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21957**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**B. Mark J. Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 East Fifth Avenue  
 City State Zip Code  
 Lancaster OH 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Insurance Company Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21958**  
 Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

**c. Thomas C. Ogg**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Retired from MIG Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21959**  
 Amount of Each Receipt this Period  
 50.00  
 payroll deduction of \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**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 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Mark Peacock**

Mailing Address 4460 Swenson Street

City Hilliard	State OH	Zip Code 43026
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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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21960**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Mr. Carl Richard Powers**

Mailing Address 5241 Lincoln Dr #119

City Edina	State MN	Zip Code 55436
---------------	-------------	-------------------

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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21962**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21963**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. Georgia Puls**

Mailing Address 825 West Price Street

City State Zip Code  
 Eldridge IA 52748

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

Name of Employer Occupation  
 Iowa Mutual Ins. Co. V. P. Commercial Lines

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21964**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Motorists Mutual Ins Co. Asst. VP

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21965**

Amount of Each Receipt this Period  
 15.00  
 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Motorists Mutual Ins. Company VP Planning Prod & Svs

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11AI.21966**

Amount of Each Receipt this Period  
 25.00  
 payroll deduction of \$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 22 OF 28  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21967**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

Full Name (Last, First, Middle Initial)  
**B. Bradford P. Smith**

Mailing Address 13 Old Stagecoach Rd.

City Hopkinton	State NH	Zip Code 03229
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FEC ID number of contributing federal political committee. **C**

Name of Employer Phenix Mutual	Occupation Director
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21968**

Amount of Each Receipt this Period  

55.00
-------

 payroll deduction of \$55

Full Name (Last, First, Middle Initial)  
**C. Ralph W. Smithers Jr.**

Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
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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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21969**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> 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 OF 28  
(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. Charles D. Stapleton**  
Full Name (Last, First, Middle Initial)

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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21970**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**B. Mr. Craig Thompson**  
Full Name (Last, First, Middle Initial)

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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21971**

Amount of Each Receipt this Period  

25.00
-------

 payroll deduction of \$25

**C. Mrs. Sharon B Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5444 Spring Hill Road

City Grove City	State OH	Zip Code 43123
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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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11AI.21972**

Amount of Each Receipt this Period  

15.00
-------

 payroll deduction of \$15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> 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 OF 28  
(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. Peter A. Weisenberger**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 420.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21974**  
 Amount of Each Receipt this Period 20.00  
 payroll deduction of \$20

**B. Robert Weishaar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Woodmark Run  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Ins. Co. Occupation VP & Chief Analytics Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21975**  
 Amount of Each Receipt this Period 25.00  
 payroll deduction of \$25

**C. Mr. Edward Wetzel**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 315.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11AI.21977**  
 Amount of Each Receipt this Period 15.00  
 payroll deduction of \$15

**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 25 OF 28  
(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. Ms Lisa Wharton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 Birghton St  
City Pickerington State OH Zip Code 43147  
FEC ID number of contributing federal political committee. C  
Name of Employer Motorists Mutual Insurance Co Occupation AVP, IT EPMO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 10 / 2014  
Transaction ID : SA11AI.21978  
Amount of Each Receipt this Period 15.00  
payroll deduction of \$15

**B. Charles A. Williams**  
Full Name (Last, First, Middle Initial)  
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 ▼ 315.00

Date of Receipt 10 / 10 / 2014  
Transaction ID : SA11AI.21979  
Amount of Each Receipt this Period 15.00  
payroll deduction of \$15

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1195.10

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Beatty for Congress

Mailing Address 471 E. Broad Street  
11th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
contribution

011

Candidate Name

**Beatty for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : SB23.21991

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

250.00

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

250.00

**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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Bill Beagle**

Mailing Address 115 S. Tippecanoe Drive  
PO Box 342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement  
contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

Transaction ID : SB29.21987

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Kevin Bacon**

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

Transaction ID : SB29.21986

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Obhof**

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement  
contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : SB29.21983

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2350.00

**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**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Manning**

Mailing Address 5380 Baron Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.21988**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Robert D. Hackett**

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.21984**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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