Image# 14951893806				PAGE 1 / 28
	PORT OF REC D DISBURSEM Other Than An Authorized (	ENTS		
1. NAME OF TYP	E OR PRINT V Exam	ble: If typing, type	Office Use	Only
COMMITTEE (in full)		ne lines.	2FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different than previously reported. (ACC)	OLUMBUS		OH 43215	
2. FEC IDENTIFICATION NUMB		ST	ATE ZI	P CODE
C C00336834	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> </ul>	b) Monthly Report Due On: (c) 12-Day	May 20 (M5) Jun 20 (M6) Jul 20 (M7) imary (12P)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31				the
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	11 04	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D / Y		tate of
5. Covering Period	01 / Y Y Y Y Y 2014	through 10 /	15 / Y Y Y 2014	• Y
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my knowle	edge and belief it is true,	correct and complete.	
Signature of Treasurer Mrs. Susar	E. Haack [E	lectronically Filed] Date	e 10 / 22	/ 2014
NOTE: Submission of false, erroneous	or incomplete information may subje	ect the person signing this	Report to the penalties	of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> 12/2004

#### 10/22/2014 09 : 26

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	Report Covering the Period: From: 10	M / D D / Y Y Y Y Y 01 2014 To	b: 10 / D D / Y Y Y Y Y 10 15 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		33086.11
	(b) Cash on Hand at Beginning of Reporting Period	16555.66	
	(c) Total Receipts (from Line 19)	1233.10	29980.10
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	17788.76	63066.21
7.	Total Disbursements (from Line 31)	3602.00	48879.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14186.76	14186.76
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

Image#	14951893808
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#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. 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	0.00	0.00
(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
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
3. All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures		0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)		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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	1233.10	29980.10
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	1233.10	29980.10
	1 1 1	

#### DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
<ul> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</li> </ul>		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	2.00	29.4
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	2.00	29.4
Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	250.00	2750.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	3350.00	46100.0
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(ii) Levin Share (b) Federal Election Activity Paid Entirely	7 7 500	
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3602.00	48879.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3602.00	48879.45
	7 7 7 7	

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### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Ex- penditures				
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1233.10	29980.10		
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00		
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	1233.10	29980.10		
<ul> <li>S. Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	2.00	29.45		
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	29.45		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS	Detailed Summary Pa									
		13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used be he name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC I	FUND								
Full Name (Last, First, Middle Initial) A. Michael J. Agan		Date of Receipt								
Mailing Address 5658 Tynecastle Loop		10 10 Y Y Y Y 10 10 2014								
City Dublin	State Zip Code OH 43016	Transaction ID : SA11AI.21916								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00								
Name of Employer	Occupation	payroll deduction of \$40								
Motorists Life Insurance Compa	President MLIC									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 84	0.00								
Full Name (Last, First, Middle Initial) B. David R. Benseler		Date of Receipt								
Mailing Address 2746 Sandhurst Dr.	ling Address 2746 Sandhurst Dr.									
City	State Zip Code	Transaction ID : SA11AI.21917								
	OH 43035	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	25.00								
Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP	payroll deduction of \$25								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 52	5.00								
Full Name (Last, First, Middle Initial) C. Mr. Jon A. Bright		Date of Receipt								
Mailing Address 4915 Norfolk Place		M M / D D / Y Y Y Y 10 10 2014								
City Bettendorf	State Zip Code IA 52722	Transaction ID : SA11AI.21919 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	15.00									
Name of Employer	Occupation	payroll deduction of \$15								
Iowa Mutual Ins. Co.										
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼	5.00								
SUBTOTAL of Receipts This Page (optional).										

## 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 7 OF

			Detailed Summary Page		<b>X</b> 11a		11b	11c		12	<u> </u>				
Ar	y information copied from such Reports and Si	tatements ma	A not be sold or used by any pe	erson	for the p	purp	14 oose of	15 soliciting		16 ntribut	17 ions				
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			ιΟ S	oncit con	iu IDI	uuuns t	SUC	11 CO	n i filtt	3 <del>0</del> .				
A.	Full Name (Last, First, Middle Initial) Thomas J. Brock Mailing Address 60 E. Spring St. #326			Date of	Re	<u> </u>				V					
	City	State	Zip Code	10 10 2014 Transaction ID : SA11AI.21920											
	Columbus	ОН	43215	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				odu	, tion of	¢15		15	00				
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP	l		payroll de	eau	Guon of	CIΦ							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 315.00													
в.	Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N		_	Date of	Re /	D D	/ Y	Y	Y	Y					
	City Westerville	State OH	Zip Code 43082		10     10     2014       Transaction ID : SA11AI.21921       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	ů l				15.00									
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			payroll de	educ	ction of	\$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00												
c.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt								
	Mailing Address 5760 Whispering Trail				м м 10	/	D D 10			ү )14	Y				
	City Galena	State OH	Zip Code 43021					SA11AI							
	FEC ID number of contributing federal political committee.	Ŭ								25	.00				
	Name of Employer	Occupation	1		payroll d	edu	ction of	\$25							
	Motorists Mutual Ins. Co.	Sr. VP Mar	keting Services & PL												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00												
s	UBTOTAL of Receipts This Page (optional)		•••••				,			55.	00				
т	OTAL This Period (last page this line number of	only)	••••••	-			,								

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

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

(check only one)

PAGE 8 OF

		Detailed Summary Page	×	11a 13		11b		11c 15		12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose		soliciting		ntribut	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial)         A.       Mrs. Camille Craig         Mailing Address 4282 Hunts Drive         City         Gahanna         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Life Ins. Co.         Receipt For:         Primary       General         Other (specify)			/ acti of	ion IE	10 D : S	∫ Y SA11AL.2 ecceipt th \$15	20 2192				
Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Rose DePontes Mailing Address 53 Nottingham Road City Columbus FEC ID number of contributing federal political committee. Name of Employer	State OH Occupation	Zip Code 43214		Date of Receipt 10 10 2014 Transaction ID : SA11AI.21924 Amount of Each Receipt this Period 15.00 payroll deduction of \$15							Y 00
Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Assist. V. P Aggregate	Year-to-Date ▼ 315.00									
Full Name (Last, First, Middle Initial)         Stephen T. Entenmann         Mailing Address 7271 Middletown Rd.         City         Galion         FEC ID number of contributing federal political committee.         Name of Employer         The Motorists Mutual Insurance         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation Asst. Vice F Aggregate				/ acti of	ion II Each	10 <b>D : S</b> 1 Re	5 SA11AL. Deceipt th	20 <b>219</b>	eriod	ч .00
SUBTOTAL of Receipts This Page (optional)			•			1		3		45.	00

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

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			Detailed Summary Page		11a 13		11b		11c 15	12		17						
	y information copied from such Reports and Sta for commercial purposes, other than using the								soliciting									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND															
Α.	Full Name (Last, First, Middle Initial) Mr. Jason M Eppley Mailing Address 7918 Brianna Drive			[	Date o		D	D	/ Y	2014								
	City Blacklick	State OH	Zip Code 43004				ion I		SA11AI.									
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co Receipt For: Primary General	nercial Production & Services Year-to-Date ▼	p;	ayroll c		uction	n of \$	\$15		15.0	0							
В.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Jeffrey S Fee         Mailing Address 537 Courtright Court	315.00	[	Date o		D	t 10	/ Y	2014		7							
	City Pickerington FEC ID number of contributing federal political committee.	ID number of contributing								Transaction ID : SA11AI.21927           Amount of Each Receipt this Period           15.00								
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		resident Commercial Lines Year-to-Date ▼ 315.00	pa	ayroll d	edu	ction	of \$	515									
	Full Name (Last, First, Middle Initial) Cynthia Feldner Mailing Address 4555 Windrow Dr. City	State	Zip Code		Date of 10	/	D	D 10	L	2014								
	Grove City         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Co.         Receipt For:         □         Primary       General         Other (specify) ▼	OH C Occupation AVP Accou	43123			t of	Each	n Re	SA11AI. eccipt th \$15	nis Perio	od 15.0	0						
s	UBTOTAL of Receipts This Page (optional)		•				3		- 1	4	15.0	0						
т	OTAL This Period (last page this line number o	nly)					7											

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

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

(check only one)

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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSUR	RANCE CO	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd City	State	Zip Code	Date of Receipt
Englewood         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Insurance Co.         Receipt For:         Primary       General         Other (specify) ▼	FL Occupation Director	34224	Transaction ID : SA11AI.21929         Amount of Each Receipt this Period         70.10         payroll deduction of \$70.10
Full Name (Last, First, Middle Initial)         Joseph P Fullenkamp         Mailing Address 3123 Summit Street         City         Columbus         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Insurance Co.         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation Asst VP Aggregate	Zip Code 43202 Year-to-Date ▼ 315.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C. Charles R. Gaskill         Mailing Address 1425 Briarmeadow Dr.         City         Columbus         FEC ID number of contributing federal political committee.         Name of Employer         Motorists Mutual Ins. Company         Receipt For:         Primary       General         Other (specify)       ▼		Zip Code 43235 neral Counsel & Secretary 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

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

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

(check only one)

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			Detailed Summary Page		11a		11b	11c		12	<u> </u>							
	y information copied from such Reports and St																	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit cor	ntrib	outions	from su	ch co	ommitte	ee.							
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND															
A.	Full Name (Last, First, Middle Initial) Ms Ying George				Date of	Re	eceipt											
	Mailing Address 1389 Glenn Ave				м м 10	/	10		ү ү 2	014	Y							
	City	State OH	Zip Code 43212		Transaction ID : SA11AI.21932 Amount of Each Receipt this Period													
	Columbus	On	43212	_ /														
	FEC ID number of contributing federal political committee.	С			15.00													
	Name of Employer	Occupation		p	- payroll deduction of \$15													
	Motorists Mutual Insurance Co.	AVP, Tax S	ervices	_														
	Receipt For:	Aggregate	Year-to-Date ▼															
	Other (specify) ▼		315.00															
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen			Date of	Re	eceipt												
	Mailing Address 63 Penacook Rd.				10 10 / Y Y Y Y Y													
	City State Zip Code Contoocook NH 03229						Transaction ID : SA11AI.21933											
	Contoocook	_ /	Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.									25.00								
	Name of Employer Phenix Mutual	Occupation President		— pa	payroll deduction of \$25													
	Receipt For:	Aggregate	Year-to-Date ▼ 525.00															
<u>с</u> .	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons				Date of	Re	eceipt											
	Mailing Address 14 Burreed Court				м м 10	/	D 10			ү 014	Y							
	City Pataskala	State OH	Zip Code 43062					: SA11A Receipt										
	FEC ID number of contributing federal political committee.	С			ayroll d		,			15	.00							
	Name of Employer	Name of Employer Occupation																
	Motorists Mutual Ins. Company	Assist. V. P	P. Personal Lines Adm.															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		315.00															
s	UBTOTAL of Receipts This Page (optional)			•						55.	00							
т	OTAL This Period (last page this line number c	only)		-			7											

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

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

(check only one)

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		Detailed Summary Page		11a 13		11b	,	11c 15	12	17					
Any information copied from such Reports and or for commercial purposes, other than using the				or the		pose		oliciting	contrib	utions					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND	)												
Full Name (Last, First, Middle Initial) <b>A.</b> Elizabeth Graham		Date of Receipt													
Mailing Address 3128 Ellis Place	0: :	Zip Code		M M / D D / Y Y Y Y Y 10 10 2014											
City Columbus	State OH	A	Transaction ID : SA11AI.21935 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С			15.00											
Name of Employer	Occupation	1	— pa	ayroll d	ledu	uctior	n of \$′	15							
Motorists Mutual Ins. Company	AVP Perso	nal Lines Underwriting													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00													
Full Name (Last, First, Middle Initial) B. Shaun D. Gregoire	Date of Receipt														
Mailing Address 396 Shelby Avenue, East	·							M M       /       D D       /       Y Y Y Y Y         10       10       2014         Transaction ID : SA11AI.21936         Amount of Each Receipt this Period							
City	City State Zip Code Powell OH 43065														
FEC ID number of contributing federal political committee.	С														
Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketii		- pa	<ul> <li>payroll deduction of \$15</li> </ul>											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	]												
Full Name (Last, First, Middle Initial) C. Archie Griffin	I			Date of	Re	eceip	ot								
Mailing Address 6845 Temperance Point Pla				м м 10	1	D	10	/ Y	ү ү 2014	Y					
City Westerville	State OH	Zip Code 43082	A					A11AI.: ceipt thi	<b>21937</b> is Perio	d					
FEC ID number of contributing federal political committee.	С					7		7	1	0.00					
Name of Employer	Occupation	1	p;	ayroll d	ledu	uction	n of \$	10							
Motorists Mutual Ins. Co.	Director														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00													
SUBTOTAL of Receipts This Page (optional)				-	-	5		5	4(	0.00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial)           Dino Guanciale           Mailing Address 4819 St. Andrews Circle			Date of Receipt					
	City	State	Zip Code	10 10 2014					
	Westerville           FEC ID number of contributing           federal political committee.	С	43082	Amount of Each Receipt this Period					
	Name of Employer         Motorists Mutual Ins Co.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Asst. VP Aggregate	Year-to-Date ▼ 315.00	— payroll deduction of \$15 					
В.	Full Name (Last, First, Middle Initial)         Mrs. Susan E. Haack         Mailing Address 7494 Heffley Court			Date of Receipt					
	City Canal Winchester	State OH	Zip Code 43110	10     10     2014       Transaction ID : SA11AI.21939       Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Trea	asurer and CFO	<ul> <li>payroll deduction of \$25</li> </ul>					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00						
с.				Date of Receipt					
	Mailing Address 5999 Lane Road	State	Zip Code	10 / D D / Y Y Y Y 10 10 2014					
	Centerburg	OH	43011	Transaction ID : SA11AI.21940           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		15.00 payroll deduction of \$15					
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. F							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 315.00						
s	UBTOTAL of Receipts This Page (optional)		······ •	55.00					
Т	<b>OTAL</b> This Period (last page this line number o	only)	<b></b>						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Paul T. Hammer Mailing Address 813 East College Avenue			Date of Receipt								
	City	State	Zip Code	10 10 2014 Transaction ID : SA11AI.21941								
Westerville     OH       FEC ID number of contributing federal political committee.     C			43081	Amount of Each Receipt this Period								
				15.00								
	Name of Employer	Occupation		payroll deduction of \$15								
	Motorists Mutual Ins. Company	Assist. V. P										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00									
В.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	Date of Receipt										
	Mailing Address 9725 Wagonwood Drive			10 10 / Y Y Y Y 10 10 2014								
	City	State Zip Code										
	Pickerington	OH	43147	Amount of Each Receipt this Period 15.00 payroll deduction of \$15								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Kirk Hennen			Date of Receipt								
	Mailing Address 2860 Wynridge Drive			10 10 / Y Y Y Y Y 10 10 2014								
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.21943								
	Grove City		40120	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.00 payroll deduction of \$20								
	Name of Employer	Occupation										
	Motorists Mutual Insurance Co	AVP, Sales	_									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	50.00								
Т	OTAL This Period (last page this line number	only)	••••••									

FOR LINE NUMBER:

PAGE 15 OF

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the	(check only one) $\boxed{X}$ 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CO	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Jeffrey O. Hoover			Date of Receipt
Mailing Address 4556 Dirham Court			10 10 2014
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.21944
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	]
Full Name (Last, First, Middle Initial) B. Mr. Dan E. Jeffers			Date of Receipt
Mailing Address 6401 Rossmore Lane			10 10 <u>2014</u>
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.21945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer Motorists Mutual Ins Company	Occupation Assist. V. P		payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	]
Full Name (Last, First, Middle Initial) C. Ms Jessica Jones			Date of Receipt
Mailing Address 120 E. Dominion Blvd			10 10 / Y Y Y Y 2014
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.21946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Comr	nercial Lines	payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (option	nal)		45.00
TOTAL This Period (last page this line nu	mber only)		

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

(check only one)

PAGE 16 OF

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
Full Name (Last, First, Middle Initial) A. David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt										
City	State	Zip Code	10102014 Transaction ID : SA11AI.21947										
Worthington	OH	43235	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer	Occupation Executive V		— payroll deduction of \$30										
Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 630.00	]										
Full Name (Last, First, Middle Initial) B. John C. Kessler	Date of Receipt												
Mailing Address 3910 Caswell Road			10 10 2014										
City Johnstown	City State Zip Code Johnstown OH 43031												
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		payroll deduction of \$20										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00											
Full Name (Last, First, Middle Initial) <b>c.</b> Anne B. King			Date of Receipt										
Mailing Address 6934 Roundwood Ct.			M M / D D / Y Y Y Y Y 10 10 _ 2014 _										
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21949 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		25.00										
Name of Employer	Name of Employer Occupation												
Motorists Mutual Ins. Company Receipt For:		Vice President											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	]										
SUBTOTAL of Receipts This Page (optic	nal)		75.00										
TOTAL This Period (last page this line n	umber only)												

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND				
Full Name (Last, First, Middle Initial) A. Anne B. King			Date of Receipt			
Mailing Address 6934 Roundwood Ct.	Ctoto	Zin Oode	10 / Y Y Y Y 10 10 2014			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.21950           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		15.00			
Name of Employer Motorists Mutual Ins. Company	Occupation Vice Preside	ent	— payroll deduction of \$15			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 540.00				
Full Name (Last, First, Middle Initial) B. Mr. Michael S Lappin			Date of Receipt			
Mailing Address 728 South 29th Street		7: 0.1	10 / D D / Y Y Y Y 10 10 2014			
City Manitowoc	State WI	Zip Code 45220	Transaction ID : SA11AI.21952           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	e la					
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency	Operations	— payroll deduction of 20			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00				
Full Name (Last, First, Middle Initial) C. Mr. Todd Lawrence			Date of Receipt			
Mailing Address 116 Clarke Lane			10 10 Y Y Y Y 10 10 2014			
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.21953 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer	Occupation		payroll deduction of \$25			
Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	Sr. V.P. Aggregate	Year-to-Date ▼ 525.00				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			60.00			

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

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

(check only one)

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			Detailed Sun	nmary Page		11a 13	$\vdash$	11b 14	11c		12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the					for the		pose o	f solicitin		ntribut	ions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR															
A.	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court					Date of		· ·								
			Zip Code			10 10 / Y Y Y Y Y 10 10										
	City Westerville	State OH		Transaction ID : SA11AI.21954 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С														
	Name of Employer	Occupation			p	payroll deduction of \$15										
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P														
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	315.00	1											
в.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of	f Re	eceipt										
	Mailing Address 1002 Loch Ness Avenue					<sup>M</sup> M	1	10		_ 20	) 014	Y				
	CityStateZip CodeWorthingtonOH43285						Transaction ID : SA11AI.21955									
								Amount of Each Receipt this Period								
	federal political committee.															
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			p;	payroll deduction of \$15										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	315.00	1											
C.						Date of	f Re	eceipt								
	Mailing Address #1 2441 121 Cir NE					м м 10	/	10			) 014	Y				
	City Blaine	State MN	Zip Code 55449						: SA11A Receipt t							
	FEC ID number of contributing federal political committee.	С						7	7		15	.00				
	Name of Employer	Occupation			p	ayroll c	dedu	uction c	of \$15							
	American Hardware Mutual Ins Receipt For:	V.P.														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	315.00	1											
s	UBTOTAL of Receipts This Page (optional)				<u> </u>			7		-	45.	00				
Т	OTAL This Period (last page this line number	only)			•											

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

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PAGE 19 OF

			Detailed Summary Page		11a 13	$\mid$	11b 14	11c	12	17						
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	utions						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA															
A.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court				Date of		ceipt		YYY	Y						
			Zie Oede		10		10		2014							
	City Manitowoc	State WI	Zip Code 54220		Transaction ID : SA11AI.21957 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.					45.00											
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director		p	ayroll d	ledu	ction of	\$45								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 945.00	]												
в.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of	f Re	ceipt										
	Mailing Address 662 East Fifth Avenue	g Address 662 East Fifth Avenue								10 10 2014						
	City Lancaster	State OH	Zip Code 43130		Transaction ID : SA11AI.21958 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.		15.00													
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager		— p	payroll deduction of \$15											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00													
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt									
	Mailing Address 4612 Club Dr., Unit 201				м м 10	/	10	) / Y	2014	Y						
	City Port Charlotte	State FL	Zip Code 33953					SA11AI.		4						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer	F	_ payroll deduction of \$50													
	Retired from MIG Receipt For:	Director														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1050.00													
s	UBTOTAL of Receipts This Page (optional)			•			<b>y</b>		110	).00						
Т	OTAL This Period (last page this line number	only)		•	L.,		7									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and Si for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial)         Mr. Mark Peacock         Mailing Address       4460 Swenson Street			Date of Receipt							
	City Hilliard	State OH	Zip Code 43026	10     10     2014       Transaction ID : SA11AI.21960       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P Aggregate		<ul> <li>payroll deduction of \$15</li> </ul>							
	Primary General Other (specify) ▼		315.00								
в.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 5241 Lincoln Dr #119		Date of Receipt								
	City Edina	State MN	Zip Code 55436	10     10     2014       Transaction ID : SA11AI.21962       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		payroll deduction of \$15							
	American Hardware Mutual Ins. Receipt For:	V. P. Under		_							
	Primary General Other (specify) ▼		315.00								
c.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt							
	Mailing Address 325 Olenview Circle	State	Zip Code	10 10 2014 Transaction ID : SA11AI.21963							
	Powell           FEC ID number of contributing federal political committee.	ОН	43065	Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. F	р.	payroll deduction of \$15							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
s	UBTOTAL of Receipts This Page (optional)		•	45.00							
Т	OTAL This Period (last page this line number of	only)	•								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of Detailed Summary Pa		×	11a 13		11b 14	11c	12	Г	17						
	y information copied from such Reports and S for commercial purposes, other than using the					or the	purpo	ose of	soliciting	contrib		ns						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CO	OMPANY CIVIC F	UND														
Α.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street	Date of Receipt																
	City	State	Zip Code			10 <b>T</b> rono		10	SA11AI.	2014	_							
	Eldridge	IA	52748						Receipt th				-					
	FEC ID number of contributing federal political committee.	С		]			, ,		,		15.00	0						
	Name of Employer	Occupation			- pa	yroll d	educ	tion of	\$15									
	Iowa Mutual Ins. Co.	V. P. Comm	nercial Lines															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼	5.00																
В.	Full Name (Last, First, Middle Initial) Kelly Reisling							Date of Receipt										
	Mailing Address 3178 Ranke Court		10 / Y Y Y Y 10 10 2014															
	City	State	Zip Code		-	Trans	actio	n ID :	SA11AL	21965		_	_					
	Grove City	OH	43123		A	mount	of E	Each F	Receipt th	is Peric	d							
	FEC ID number of contributing federal political committee.		15.00															
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP			<ul> <li>payroll deduction of \$15</li> </ul>													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 31	5.00														
<u>с</u> .	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				D	ate of	Rec	eipt										
	Mailing Address 1026 Loch Ness Avenue					м м 10	/	D 10		y y 2014	Y							
	City Worthington	State OH	Zip Code 43085						<b>SA11AI.</b> Receipt th		d							
	FEC ID number of contributing federal political committee.	С		]			,	,			25.00	0						
	Name of Employer	Occupation	1		_ pa	yroll d	leduc	tion o	f \$25									
	Motorists Mutual Ins. Company	VP Plannin	g Prod & Svs															
	Receipt For: Primary General																	
	Other (specify)	5.00																
s	UBTOTAL of Receipts This Page (optional)			····· •	[		. ,			5	5.00	)						
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	$\square$	11b 14	11c		12 16	17			
Any information copied from such Reports and S or for commercial purposes, other than using the			erson fo	r the		ose of	solicit		ontribut	ions			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) <b>A.</b> Austin Slattery	Da	ate of	Ree	ceipt									
Mailing Address 734 Prairie Run Dr.				м м 10	/	10			2014	Y			
City Sunbury	Transaction ID : SA11AI.21967 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	EC ID number of contributing												
Name of Employer Motorists Mutual Ins Co.	Occupation Assistant V		— pay	yroll de	eduo	ction of	\$15						
Receipt For: Primary General Other (specify) ▼	Acceipt For: Aggregate Year-to-Date ▼ Primary General												
Full Name (Last, First, Middle Initial) B. Bradford P. Smith			Da	ate of	Ree	ceipt							
Mailing Address 13 Old Stagecoach Rd.							) /	Y Y 2	014	Y			
City Hopkinton	State NH	Zip Code 03229		Transaction ID : SA11AI.21968           Amount of Each Receipt this Period           55.00									
FEC ID number of contributing federal political committee.	С												
Name of Employer Phenix Mutual	Occupation Director		— pay	payroll deduction of \$55									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 242.50											
Full Name (Last, First, Middle Initial) C. Ralph W. Smithers Jr.			Da	ate of	Ree	ceipt							
Mailing Address 6418 Summers Nook Drive				м м 10	/	D 10		Y Y 2	014	Y			
City New Albany	State OH	Zip Code 43054				<b>on ID :</b> Each F							
FEC ID number of contributing federal political committee.	С			mall d	odu	, ,		-	15	.00			
Name of Employer	Occupation		pa	payroll deduction of \$15									
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00											
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·		-		7	- 7		85.	00			

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		tegory of the Immary Page	X         11a         11b         11c         12           13         14         15         16         17										
Any information copied from such Reports and or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY (	CIVIC FUND											
Full Name (Last, First, Middle Initial) A. Charles D. Stapleton	Date of Receipt												
Mailing Address 6900 Kindler Drive	Mailing Address     6900 Kindler Drive       City     State     Zip Code												
New Albany	OH 43054		Transaction ID : SA11AI.21970           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation		payroll deduction of \$25										
Motorists Mutual Ins. Co. Receipt For:	Sr. VP CL & Affiliate Opera	ations	_										
Primary General	Aggregate Year-to-Date ▼												
Other (specify)		525.00											
Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson			Date of Receipt										
Mailing Address 2060 Maxwell Avenue			10 10 _2014 _										
City	State Zip Code		Transaction ID : SA11AI.21971										
Lewis Center	OH 43035		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		<ul> <li>payroll deduction of \$25</li> </ul>										
Receipt For: Primary General Other (specify)	Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
Full Name (Last, First, Middle Initial) C. Mrs. Sharon B Thompson			Date of Receipt										
Mailing Address 5444 Spring Hill Road			M M / D D / Y Y Y Y Y 10 10 2014										
City Grove City	State Zip Code OH 43123		Transaction ID : SA11AI.21972 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer	Occupation		payroll deduction of \$15										
Motorists Mutual Ins. Co.	Assistant VP												
Receipt For:	Aggregate Year-to-Date <b>V</b>	7											
Other (specify)													
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			65.00										

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

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'			Detailed Summary Page		× 11a		1 <sup>.</sup>	1b 4	11c		12 16	17					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				for the		rpo	se of	soliciting		ntribut	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC																
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.		Date of Receipt														
	,	State OH	Zip Code 43235	-	Tran			n ID :	SA11AI. eceipt th	2197	74						
	FEC ID number of contributing federal political committee.	C		20.00													
	Motorists Mutual Insurance Company     Vio       Receipt For:     Age	ccupation ce Presid ggregate			<ul> <li>payroll deduction of \$20</li> </ul>												
	Primary General Other (specify) ▼		420.00														
в.	Full Name (Last, First, Middle Initial) Robert Weishaar Mailing Address 530 Woodmark Run	_	Date of Receipt														
	City States Stat	10 10 2014 Transaction ID : SA11AI.21975															
	Gahanna	ОН	43230		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	25.00															
		Analytics Officer	payroll deduction of \$25														
	Receipt For:     Ag       Primary     General       Other (specify) ▼	Year-to-Date ▼ 525.00															
С.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel				Date of Receipt												
	Mailing Address 4918 Norfolk Drive	0	7: 0:1		<sup>M</sup> 10		1	D D 10		20	ү 014	Y					
	,	State IA	Zip Code 52722						SA11AI. eceipt th								
	FEC ID number of contributing federal political committee.	C			payroll	ded	7 luct	ion of	¢15	_	15	.00					
	Name of Employer Oc		payroli	ueui	ucu		φισ										
		P. Claim	S														
	Receipt For:     Ag       Primary     General       Other (specify) ▼																
s	UBTOTAL of Receipts This Page (optional)						2		- 7		60.	00					
т	OTAL This Period (last page this line number only)	)				Ţ	-										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COM	PANY CIVIC FUND											
Full Name (Last, First, Middle Initial) A. Ms Lisa Wharton	Date of Receipt												
Mailing Address 616 Birghton St	0	7'- 0	10 / 10 / 2014 Transportion ID - SA11AL 21078										
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.21978           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer Motorists Mutual Insurance Co													
Receipt For: Primary General Other (specify) ▼	Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
Full Name (Last, First, Middle Initial) <b>B.</b> Charles A. Williams			Date of Receipt										
Mailing Address 14924 S. R. 35, E.	10 / D D / Y Y Y Y 10 10 2014												
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.21979 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		payroll deduction of \$15										
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 315.00	]										
Full Name (Last, First, Middle Initial)			Date of Receipt										
Mailing Address			M = M / D = D / Y = Y = Y										
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C												
Name of Employer													
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼											
SUBTOTAL of Receipts This Page (optiona	l)		30.00										
TOTAL This Period (last page this line num	ber only)		1195.10										

SC	CHEDULE B (FEC Form 3X)		F	FOR LINE NUMBER: PAGE 26 OF										DF 2	28		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	s) (		ck d	only o	ne)				01				<u> </u>		
		Detailed Summary Page		$\vdash$	2	1b 7	22 28a	×	23 28b		24 28c	$\left  - \right $	25 29		26 30b		
	y information copied from such Reports and Staten for commercial purposes, other than using the name																
$\backslash$	NAME OF COMMITTEE (In Full)																
	MOTORISTS MUTUAL INSURANC	CE COMPANY CI	/IC F	UN	٩D	)											
	Full Name (Last, First, Middle Initial)						Date o	fDid	burec	mont							
Α.	Beatty for Congress							_	D			Y	Y	Y			
	Mailing Address 471 E. Broad Street 11th Floor					10 01 2014											
	,	State Zip Code OH 43215					Transaction ID : SB23.21991										
	Purpose of Disbursement contribution	10210		011		Amount of Each Disbursement this Period											
	Candidate Name		Ca	tego	ory/	11	250.										
	Beatty for Congress			Гуре			<u> </u>	-	7	_	7	-	250	.00			
	Senate	nent For: 2014 Primary X General Other (specify) V															
	Full Name (Last, First, Middle Initial)																
В.							Date o	f Dis	sburse	ement							
	Mailing Address					_	M M	/	D	D	Y	Y	Y	Y			
	City S																
	Purpose of Disbursement			_						<b>D</b> : 1							
	Candidate Name		4	Amount of Each Disbursement this Period													
				7 7 7 7 7 7													
		nent For: Primary General Other (specify)	-														
	State: District:																
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement										
	Mailing Address						MM	/	D	D	Y	Y	Y	Y			
	City	State Zip Code															
	Purpose of Disbursement			_		1											
	Candidate Name			tego Type			Amount of Each Disbursement this Period								1		
		nent For: Primary General Other (specify) ▼							,		,						
							_	_	_		_	_	_	_	_		
$\vdash$	UBTOTAL of Disbursements This Page (optional)				-	_	Ļ	-	7		7	_		.00			
T T	OTAL This Period (last page this line number only)				)	•			7	_	7		250	.00			

S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 27 OF 28									
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check onl 21b 27	22         23         24         25         26           28a         28b         28c         X         29         30b									
	y information copied from such Reports and State for commercial purposes, other than using the nar													
$\setminus$	NAME OF COMMITTEE (In Full)													
	MOTORISTS MUTUAL INSURAN	CE CON	IPANY CIVI	C FUND										
~	Full Name (Last, First, Middle Initial)		Date of Disbursement											
л.	Citizens for Bill Beagle													
	Mailing Address 115 S. Tippecanoe Drive PO Box 342		10 08 2014											
	City Tipp City	State OH	Zip Code 45371		Transaction ID : SB29.21987									
	Purpose of Disbursement				-									
	contribution			011	Amount of Each Disbursement this Period									
	Candidate Name			Category/ Type	1000.00									
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General											
	State: District:													
в.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon				Date of Disbursement									
	Mailing Address 5325 Ponderosa Drive				10 08 2014									
	Columbus	State OH	Zip Code 43231		Transaction ID : SB29.21986									
	Purpose of Disbursement contribution			011	Amount of Each Disbursement this Period									
	Candidate Name			Category/ Type	1000.00									
	Senate President	ment For: Primary Other (spe	General cify) ▼											
	State: District:													
C.	Full Name (Last, First, Middle Initial) Citizens for Obhof				Date of Disbursement									
	Mailing Address 5206 Crown Pointe Drive				10 / D D / Y Y Y Y 2014									
	Medina	State OH	Zip Code 44256		Transaction ID : SB29.21983									
	Purpose of Disbursement contribution			011										
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period 350.00									
	Senate President	ment For: Primary Other (spe	General	JF										
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)			····· ►	2350.00									
Т	OTAL This Period (last page this line number only	)		••••••										

	CHEDULE B (FEC Form 3X)						JMBEF	۹:			PAC	GE 28	OF	28			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(c	hec	k onl 21b	· _	ne)   22		23	Γ	24	25		26 ך			
		Detailed			27		28a		28b		28c	X 29		30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														S		
$\backslash$																	
	MOTORISTS MUTUAL INSURANO			CFU	JIN	D											
<u> </u>	Full Name (Last, First, Middle Initial)							Data	-4 D:			4					
А.	Committee to Elect Manning						Date		sourse			Y Y	Y				
	Mailing Address 5380 Baron Road					10 08 2014											
	City S North Ridgeville	State OH	Zip Code 44039				Transaction ID : SB29.21988 Amount of Each Disbursement this Period										
	Purpose of Disbursement		++000	_		-											
	contribution Candidate Name				11			Amou	nt of	Each	Di	sbursen	nent this	s Perio	bc		
				Cate Ty	ego ype					7		7	5	00.00			
	Office Sought: House Disburser						1										
	President	Primary Other (spec	General cify) ▼														
	State: District:																
B.	Full Name (Last, First, Middle Initial) Committee to Elect Robert D. Hack						Date	of Di	shurs	eme	ant						
υ.		Kell					M M / D D / Y Y Y Y										
	Mailing Address 2050 Palouse Drive					10 01 2014											
	London	State OH	Zip Code 43140				Transaction ID : SB29.21984										
	Purpose of Disbursement contribution			C	)11		Amount of Each Disbursement this Period										
	Candidate Name			Cate		ry/											
	Office Sought: House Disburser	mont Ear	Туре					<u> </u>	-	5	00.00						
	Senate	Primary															
		Other (spec	cify) 🔻														
	State: District: Full Name (Last, First, Middle Initial)						+										
C.								Date	of Di	sburs	eme	ent					
	Mailing Address						-	M	M /	D	D	/ Y	Y Y	Y			
	Mailing Address													-			
	City	State	Zip Code														
	Purpose of Disbursement			-		-	1										
	Candidate Name		Cate	ego ype		Amount of Each Disbursement this Period											
	Office Sought: House Disburser			, PG		1			,		7						
	Senate President	Primary Other (spec	General														
	State: District:	Other (spec	ciry) 🔻														
								_	-								
s	UBTOTAL of Disbursements This Page (optional)							Ŀ		7		7	10	00.00			
т	OTAL This Period (last page this line number only)	)				•		L		,			33	50.00			