



**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="2012"/>		14117.04
(b) Cash on Hand at Beginning of Reporting Period.....	13823.61	
(c) Total Receipts (from Line 19) .....	9370.10	20567.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	23193.71	34684.71
7. Total Disbursements (from Line 31).....	15591.00	27082.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7602.71	7602.71
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

**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).....	5415.60	6853.50
(ii) Unitemized .....	3954.50	13708.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9370.10	20562.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9370.10	20562.30
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	5.37
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))..... ▶	9370.10	20567.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9370.10	20567.67

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	15591.00	27082.00
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)) ..	15591.00	27082.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15591.00	27082.00

**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) .....	9370.10	20562.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9370.10	20562.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11Al.17187**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17262**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17263**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</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: (check only one)	PAGE 7 OF 61
<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. Michael J. Agan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17264**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17265**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17337**

Amount of Each Receipt this Period  

40.00
-------

 Bi weekly payroll deduction \$40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</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 8 OF 61  
(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. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11AI.17266**  
 Amount of Each Receipt this Period 25.00  
 bi weekly payroll deduction \$25

**B. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11AI.17267**  
 Amount of Each Receipt this Period 25.00  
 bi weekly payroll deduction \$25

**C. David R. Benseler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2746 Sandhurst Dr.  
 City Lewis Center State OH Zip Code 43035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorist Mutual Ins. Co. Occupation Assistant VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : SA11AI.17268**  
 Amount of Each Receipt this Period 25.00  
 bi weekly payroll deduction \$25

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
<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) <b>A. David R. Benseler</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11Al.17269</b>
Mailing Address 2746 Sandhurst Dr.		Amount of Each Receipt this Period 300.00 bi weekly payroll deduction \$25
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. David R. Benseler</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 <b>Transaction ID : SA11Al.17336</b>
Mailing Address 2746 Sandhurst Dr.		Amount of Each Receipt this Period 325.00 bi weekly payroll deduction \$25
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. John J. Bishop</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : SA11Al.17191</b>
Mailing Address 1390 Picardae Court		Amount of Each Receipt this Period 80.00 biweekly payroll deduction \$80
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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: (check only one)	PAGE 10 OF 61
<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. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

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 Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17270**

Amount of Each Receipt this Period  

80.00
-------

biweekly payroll deduction \$80

**B. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

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 Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17271**

Amount of Each Receipt this Period  

80.00
-------

biweekly payroll deduction \$80

**C. John J. Bishop**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 Picardae Court

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 Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17272**

Amount of Each Receipt this Period  

80.00
-------

biweekly payroll deduction \$80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</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: (check only one)	PAGE 11 OF 61
	<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. John J. Bishop**  
Full Name (Last, First, Middle Initial)

Mailing Address 1390 Picardae Court

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 Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17273**

Amount of Each Receipt this Period  

80.00
-------

biweekly payroll deduction \$80

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

Mailing Address 1390 Picardae Court

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 Insurance Co.	Occupation Chairman, President and CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17335**

Amount of Each Receipt this Period  

80.00
-------

biweekly payroll deduction \$80

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

Mailing Address S86 W33540 Short Drive

City Mukwonago	State WI	Zip Code 53149-9306
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Mutual Ins. Co.	Occupation Director
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17274**

Amount of Each Receipt this Period  

125.00
--------

Payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</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: (check only one)	PAGE 12 OF 61
<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. Annette Braet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11AI.17277**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

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

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11AI.17278**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

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

Mailing Address 1831 265th Street

City Calamus	State IA	Zip Code 52729
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11AI.17334**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</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 61  
(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. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
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 ▼ 225.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11AI.17291**  
Amount of Each Receipt this Period 25.00  
biweekly payroll deduction \$25

**B. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
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 ▼ 250.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11AI.17292**  
Amount of Each Receipt this Period 25.00  
biweekly payroll deduction \$25

**C. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)  
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 ▼ 275.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : SA11AI.17293**  
Amount of Each Receipt this Period 25.00  
biweekly payroll deduction \$25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<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. Mr. Grady Campbell**  
Full Name (Last, First, Middle Initial)

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 ▼ **300.00**

Date of Receipt **06 / 08 / 2012**  
**Transaction ID : SA11AI.17294**

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

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

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 ▼ **325.00**

Date of Receipt **06 / 22 / 2012**  
**Transaction ID : SA11AI.17330**

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

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

Mailing Address 712 South 9th Street Ct.

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa Mutual Insurance Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : SA11AI.17295**

Amount of Each Receipt this Period **25.00**  
biweekly payroll deduction \$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 16 OF 61  
(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. Thomas R Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 South 9th Street Ct.  
 City State Zip Code  
 Eldridge IA 52748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Iowa Mutual Insurance Company President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : SA11AI.17329**  
 Amount of Each Receipt this Period  
 25.00  
 biweekly payroll deduction \$25

**B. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : SA11AI.17307**  
 Amount of Each Receipt this Period  
 25.00  
 biweekly payroll deduction \$25

**C. Douglas L. Dodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4084 Herald Square PI  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : SA11AI.17308**  
 Amount of Each Receipt this Period  
 25.00  
 biweekly payroll deduction \$25

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
	<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. Douglas L. Dodson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4084 Herald Square PI

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17309**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

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

Mailing Address 4084 Herald Square PI

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17310**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

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

Mailing Address 4084 Herald Square PI

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17326**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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: (check only one)	PAGE 18 OF 61
<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) <b>A. Mr. Larry L. Forrester</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 <b>Transaction ID : SA11AI.17206</b>
Mailing Address 9240 Griggs Rd		Amount of Each Receipt this Period 70.10 biweekly payroll deduction \$70.10
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.80	

Full Name (Last, First, Middle Initial) <b>B. Mr. Larry L. Forrester</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : SA11AI.17315</b>
Mailing Address 9240 Griggs Rd		Amount of Each Receipt this Period 95.10 biweekly payroll deduction \$70.10 + \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.90	

Full Name (Last, First, Middle Initial) <b>C. Mr. Larry L. Forrester</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : SA11AI.17316</b>
Mailing Address 9240 Griggs Rd		Amount of Each Receipt this Period 120.10 biweekly payroll deduction \$120.10
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 701.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.30
<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: (check only one)	PAGE 19 OF 61
<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 ▼ **771.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17317**

Amount of Each Receipt this Period  

70.10
-------

biweekly payroll deduction \$70.10

**B. 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 ▼ **841.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17318**

Amount of Each Receipt this Period  

70.10
-------

biweekly payroll deduction \$70.10

**C. 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 ▼ **911.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17324**

Amount of Each Receipt this Period  

70.10
-------

biweekly payroll deduction \$70.10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.30</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: (check only one)	PAGE 20 OF 61
	<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	<input type="checkbox"/> 17

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

**A. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11AI.17343**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**B. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11AI.17344**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**C. Rolf H. Gesen**  
Full Name (Last, First, Middle Initial)

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11AI.17345**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 21 OF 61
<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) <b>A. Rolf H. Gesen</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11Al.17346</b>
Mailing Address 63 Penacook Rd.		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Rolf H. Gesen</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 <b>Transaction ID : SA11Al.17347</b>
Mailing Address 63 Penacook Rd.		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Susan E. Haack</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : SA11Al.17368</b>
Mailing Address 7494 Heffley Court		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Canal Winchester	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. C		
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 22 OF 61
<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. Susan E. Haack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17369**

Amount of Each Receipt this Period  

25.00
-------

 biweekly payroll deduction \$25

**B. Mrs. Susan E. Haack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17370**

Amount of Each Receipt this Period  

25.00
-------

 biweekly payroll deduction \$25

**C. Mrs. Susan E. Haack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7494 Heffley Court

City Canal Winchester	State OH	Zip Code 43110
--------------------------	-------------	-------------------

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

Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17371**

Amount of Each Receipt this Period  

25.00
-------

 biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 23 OF 61
<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) <b>A. Mrs. Susan E. Haack</b>		Date of Receipt
Mailing Address 7494 Heffley Court		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Canal Winchester OH 43110		<b>Transaction ID : SA11AI.17372</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO	biweekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Peter A. Hitchcock</b>		Date of Receipt
Mailing Address 1409 Snowmass Road		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43235		<b>Transaction ID : SA11AI.17393</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	biweekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Peter A. Hitchcock</b>		Date of Receipt
Mailing Address 1409 Snowmass Road		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43235		<b>Transaction ID : SA11AI.17394</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	biweekly payroll deduction \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
<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) <b>A. Peter A. Hitchcock</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : SA11AI.17395</b>
Mailing Address 1409 Snowmass Road		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Columbus State OH Zip Code 43235	FEC ID number of contributing federal political committee. C	
Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Peter A. Hitchcock</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11AI.17396</b>
Mailing Address 1409 Snowmass Road		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Columbus State OH Zip Code 43235	FEC ID number of contributing federal political committee. C	
Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Peter A. Hitchcock</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 <b>Transaction ID : SA11AI.17397</b>
Mailing Address 1409 Snowmass Road		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Columbus State OH Zip Code 43235	FEC ID number of contributing federal political committee. C	
Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations	Aggregate Year-to-Date 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 25 OF 61  
(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. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11Al.17410**  
 Amount of Each Receipt this Period 25.00  
 biweekly payroll deduction \$25

**B. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11Al.17411**  
 Amount of Each Receipt this Period 25.00  
 biweekly payroll deduction \$25

**C. Mrs. Tami Jones-Fahser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5729 Superior Avenue  
 City Sheboygan State WI Zip Code 53083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : SA11Al.17412**  
 Amount of Each Receipt this Period 25.00  
 biweekly payroll deduction \$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 26 OF 61  
(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. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue  
City Sheboygan State WI Zip Code 53083  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2012  
**Transaction ID : SA11Al.17413**  
Amount of Each Receipt this Period 25.00  
biweekly payroll deduction \$25

**B. Mrs. Tami Jones-Fahser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5729 Superior Avenue  
City Sheboygan State WI Zip Code 53083  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilson Mutual Ins. Co. Occupation Sr. V.P. Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2012  
**Transaction ID : SA11Al.17414**  
Amount of Each Receipt this Period 25.00  
biweekly payroll deduction \$25

**C. David L. Kaufman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7925 Greendale Lane  
City Worthington State OH Zip Code 43235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motorists Mutual Ins Co Occupation Executive VP & COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 13 / 2012  
**Transaction ID : SA11Al.17223**  
Amount of Each Receipt this Period 30.00  
biweekly payroll deduction \$30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
<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 Worthington State OH Zip Code 43235

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **04 / 27 / 2012**  
Transaction ID : **SA11Al.17415**

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

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

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **05 / 11 / 2012**  
Transaction ID : **SA11Al.17416**

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

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

Mailing Address 7925 Greenside Lane

City Worthington State OH Zip Code 43235

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **05 / 25 / 2012**  
Transaction ID : **SA11Al.17417**

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

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
<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 Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17418**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

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

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17419**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

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

Mailing Address 3910 Caswell Road

City Johnstown	State OH	Zip Code 43031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17422**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</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: (check only one)	PAGE 29 OF 61
<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. John C. Kessler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3910 Caswell Road

City Johnstown	State OH	Zip Code 43031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17423**

Amount of Each Receipt this Period  

20.00
-------

 biweekly payroll deduction \$20

**B. John C. Kessler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3910 Caswell Road

City Johnstown	State OH	Zip Code 43031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17424**

Amount of Each Receipt this Period  

20.00
-------

 biweekly payroll deduction \$20

**C. Anne B. King**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17425**

Amount of Each Receipt this Period  

25.00
-------

 biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<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: (check only one)	PAGE 30 OF 61
	<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**

Full Name (Last, First, Middle Initial) <b>A. Anne B. King</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : SA11AI.17426</b>
Mailing Address 6934 Roundwood Ct.		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Anne B. King</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : SA11AI.17427</b>
Mailing Address 6934 Roundwood Ct.		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Anne B. King</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11AI.17428</b>
Mailing Address 6934 Roundwood Ct.		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 31 OF 61
<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. Anne B. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 6934 Roundwood Ct.

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Company	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11AI.17429**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

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

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11AI.17447**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

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

Mailing Address 728 South 29th Street

City Manitowoc	State WI	Zip Code 45220
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11AI.17448**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

<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: (check only one)	PAGE 32 OF 61
<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. Michael S Lappin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 South 29th Street  
 City Manitowoc State WI Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2012  
**Transaction ID : SA11Al.17449**  
 Amount of Each Receipt this Period 20.00  
 biweekly payroll deduction \$20

**B. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11Al.17450**  
 Amount of Each Receipt this Period 25.00  
 biweekly payroll deduction \$25

**C. Mr. Todd Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Clarke Lane  
 City Hopkinton State NH Zip Code 03229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phenix Mutual Fire Ins. Co. Occupation Sr. V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11Al.17451**  
 Amount of Each Receipt this Period 25.00  
 biweekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 33 OF 61
	<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. Mr. Todd Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17452**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**B. Mr. Todd Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17453**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**C. Mr. Todd Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Clarke Lane

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17454**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 34 OF 61
	<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. Mr. David W. Lemon**  
Full Name (Last, First, Middle Initial)

Mailing Address 345 Southshore Drive

City Greenback State TN Zip Code 37742

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

Name of Employer American Hardware Mutual Ins. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : SA11AI.17455**

Amount of Each Receipt this Period  
 125.00  
 payroll deduction

**B. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.17235**

Amount of Each Receipt this Period  
 45.00  
 biweekly payroll deduction \$45

**C. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc State WI Zip Code 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : SA11AI.17471**

Amount of Each Receipt this Period  
 45.00  
 biweekly payroll deduction \$45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 61  
(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. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : SA11Al.17472**

Amount of Each Receipt this Period  
 45.00  
 biweekly payroll deduction \$45

**B. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : SA11Al.17473**

Amount of Each Receipt this Period  
 45.00  
 biweekly payroll deduction \$45

**C. Mr. Robert L. McCracken**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : SA11Al.17474**

Amount of Each Receipt this Period  
 45.00  
 biweekly payroll deduction \$45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 36 OF 61  
(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. Robert L. McCracken**

Mailing Address 2135 Hunters Ridge Court

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17475**

Amount of Each Receipt this Period  

585.00
--------

 biweekly payroll deduction \$45

Full Name (Last, First, Middle Initial)  
**B. Thomas C. Ogg**

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11Al.17237**

Amount of Each Receipt this Period  

50.00
-------

 biweekly payroll deduction \$50

Full Name (Last, First, Middle Initial)  
**c. Thomas C. Ogg**

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte	State FL	Zip Code 33953
------------------------	-------------	-------------------

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

Name of Employer Retired from MIG	Occupation Director
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17481**

Amount of Each Receipt this Period  

50.00
-------

 biweekly payroll deduction \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</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: (check only one)	PAGE 37 OF 61
<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. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11AI.17482**

Amount of Each Receipt this Period 50.00  
biweekly payroll deduction \$50

**B. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : SA11AI.17483**

Amount of Each Receipt this Period 50.00  
biweekly payroll deduction \$50

**c. Thomas C. Ogg**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 Club Dr., Unit 201

City Port Charlotte State FL Zip Code 33953

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

Name of Employer Retired from MIG Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 08 / 2012  
**Transaction ID : SA11AI.17484**

Amount of Each Receipt this Period 50.00  
biweekly payroll deduction \$50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 61  
(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. Thomas C. Ogg**

Mailing Address 4612 Club Dr., Unit 201

City State Zip Code  
Port Charlotte FL 33953

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

Name of Employer Occupation  
Retired from MIG Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 22 / 2012  
**Transaction ID : SA11Al.17485**

Amount of Each Receipt this Period  
50.00  
biweekly payroll deduction \$50

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
225.00

Date of Receipt  
04 / 27 / 2012  
**Transaction ID : SA11Al.17516**

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

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 ▼  
250.00

Date of Receipt  
05 / 11 / 2012  
**Transaction ID : SA11Al.17517**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 39 OF 61  
(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. Randolph A. Rudowicz**  
Full Name (Last, First, Middle Initial)

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 ▼  
**275.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 25 / 2012**

**Transaction ID : SA11Al.17518**

Amount of Each Receipt this Period  
**25.00**

biweekly payroll deduction \$25

**B. Randolph A. Rudowicz**  
Full Name (Last, First, Middle Initial)

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 ▼  
**300.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 08 / 2012**

**Transaction ID : SA11Al.17519**

Amount of Each Receipt this Period  
**25.00**

biweekly payroll deduction \$25

**C. Randolph A. Rudowicz**  
Full Name (Last, First, Middle Initial)

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 ▼  
**325.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 22 / 2012**

**Transaction ID : SA11Al.17520**

Amount of Each Receipt this Period  
**25.00**

biweekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
<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. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 27 / 2012**  
Transaction ID : **SA11AI.17526**

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

**B. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 11 / 2012**  
Transaction ID : **SA11AI.17527**

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

**C. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany State OH Zip Code 43054

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 25 / 2012**  
Transaction ID : **SA11AI.17528**

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

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<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. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17529**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**B. Karen L. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Pond Hollow Lane

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Insurance Company	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17530**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**C. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11Al.17249**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</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 42 OF 61  
(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. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17537**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

**B. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17538**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

**C. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17539**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</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 43 OF 61  
(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. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17540**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

**B. Mr. Robert C. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 29270 Hampshire Place

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Director
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17541**

Amount of Each Receipt this Period  

55.00
-------

biweekly payroll deduction \$55

**c. 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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11Al.17547**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</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: (check only one)	PAGE 44 OF 61
<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) <b>A. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : SA11AI.17548</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : SA11AI.17549</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>c. Charles D. Stapleton</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11AI.17550</b>
Mailing Address 6900 Kindler Drive		Amount of Each Receipt this Period 25.00 biweekly payroll deduction \$25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 45 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 **325.00**

Date of Receipt **06 / 22 / 2012**  
**Transaction ID : SA11AI.17551**  
 Amount of Each Receipt this Period **25.00**  
 biweekly payroll deduction \$25

**B. Tamera A. Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8816 Cooks Hill Road  
 City Glenford State OH Zip Code 43739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : SA11AI.17552**  
 Amount of Each Receipt this Period **25.00**  
 biweekly payroll deduction \$25

**C. Tamera A. Stephens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8816 Cooks Hill Road  
 City Glenford State OH Zip Code 43739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Motorists Mutual Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 11 / 2012**  
**Transaction ID : SA11AI.17553**  
 Amount of Each Receipt this Period **25.00**  
 biweekly payroll deduction \$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 46 OF 61  
(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. Tamera A. Stephens**

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : SA11Al.17554**

Amount of Each Receipt this Period  
 25.00

biweekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**B. Tamera A. Stephens**

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : SA11Al.17555**

Amount of Each Receipt this Period  
 25.00

biweekly payroll deduction \$25

Full Name (Last, First, Middle Initial)  
**C. Tamera A. Stephens**

Mailing Address 8816 Cooks Hill Road

City State Zip Code  
 Glenford OH 43739

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

Name of Employer Occupation  
 Motorists Mutual Insurance Company Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012  
**Transaction ID : SA11Al.17556**

Amount of Each Receipt this Period  
 25.00

biweekly payroll deduction \$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 47 OF 61  
(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. Craig Thompson**

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 27 / 2012**

**Transaction ID : SA11Al.17557**

Amount of Each Receipt this Period **25.00**

biweekly payroll deduction \$25

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 11 / 2012**

**Transaction ID : SA11Al.17558**

Amount of Each Receipt this Period **25.00**

biweekly payroll deduction \$25

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

Mailing Address 2060 Maxwell Avenue

City Lewis Center State OH Zip Code 43035

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 25 / 2012**

**Transaction ID : SA11Al.17559**

Amount of Each Receipt this Period **25.00**

biweekly payroll deduction \$25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 61
<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. Craig Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2060 Maxwell Avenue

City Lewis Center	State OH	Zip Code 43035
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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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17560**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$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 ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17561**

Amount of Each Receipt this Period  

25.00
-------

biweekly payroll deduction \$25

**C. Mr. Alan R. Tubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Scenic Hill Ln.

City DeWitt	State IA	Zip Code 52742
----------------	-------------	-------------------

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

Name of Employer Iowa Mutual Ins. Co.	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11Al.17567**

Amount of Each Receipt this Period  

125.00
--------

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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: (check only one)	PAGE 49 OF 61
<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. 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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17570**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

**B. 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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17571**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

**C. 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 ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17572**

Amount of Each Receipt this Period  

20.00
-------

biweekly payroll deduction \$20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</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 50 OF 61  
(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. Robert L. Western**

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 /  /   
 04 / 13 / 2012  
**Transaction ID : SA11Al.17257**

Amount of Each Receipt this Period  
 40.00  
 biweekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert L. Western**

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 /  /   
 04 / 27 / 2012  
**Transaction ID : SA11Al.17573**

Amount of Each Receipt this Period  
 40.00  
 biweekly payroll deduction \$40

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert L. Western**

Mailing Address 5203 South 8th Street

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Occupation  
Wilson Mutual Ins. Company President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 /  /   
 05 / 11 / 2012  
**Transaction ID : SA11Al.17574**

Amount of Each Receipt this Period  
 40.00  
 biweekly payroll deduction \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶  120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 61
	<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. Mr. Robert L. Western**  
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **05 / 25 / 2012**  
Transaction ID : SA11AI.17575

Amount of Each Receipt this Period **40.00**  
biweekly payroll deduction \$40

**B. Mr. Robert L. Western**  
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **06 / 08 / 2012**  
Transaction ID : SA11AI.17576

Amount of Each Receipt this Period **40.00**  
biweekly payroll deduction \$40

**C. Mr. Robert L. Western**  
Full Name (Last, First, Middle Initial)

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **06 / 22 / 2012**  
Transaction ID : SA11AI.17577

Amount of Each Receipt this Period **40.00**  
biweekly payroll deduction \$40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 61
<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 A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : SA11AI.17259**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

**B. Charles A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : SA11AI.17583**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

**C. Charles A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : SA11AI.17584**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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: (check only one)	PAGE 53 OF 61
<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 A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17585**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

**B. Charles A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11Al.17586**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

**C. Charles A. Wickert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5519 Medallion Drive W.

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

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

Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17587**

Amount of Each Receipt this Period  

30.00
-------

biweekly payroll deduction \$30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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: (check only one)	PAGE 54 OF 61
	<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 L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 13 / 2012  
**Transaction ID : SA11AI.17261**

Amount of Each Receipt this Period 35.00

biweekly payroll deduction \$35

**B. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11AI.17593**

Amount of Each Receipt this Period 35.00

biweekly payroll deduction \$35

**C. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Ins Company Occupation Sr VP,Treas.,CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : SA11AI.17594**

Amount of Each Receipt this Period 35.00

biweekly payroll deduction \$35

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 61
	<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 L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : SA11Al.17596**

Amount of Each Receipt this Period  

35.00
-------

biweekly payroll deduction \$35

**B. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

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
06	/	08	/	2012

**Transaction ID : SA11Al.17597**

Amount of Each Receipt this Period  

35.00
-------

biweekly payroll deduction \$35

**C. Michael L. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Timberknoll Loop

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : SA11Al.17598**

Amount of Each Receipt this Period  

35.00
-------

biweekly payroll deduction \$35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5415.60</b>

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.17181**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citizens for Duffey**

Mailing Address 643 Farrington Drive

City Worthington State OH Zip Code 43085

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.17610**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Drive

City Newark State OH Zip Code 43055

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.17615**

Amount of Each Disbursement this Period

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

**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) <b>A. Citizens for Kevin Bacon</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 5325 Ponderosa Drive		<b>Transaction ID : SB29.17599</b>
City Columbus	State OH	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Mingo</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 12364 Thoroughbred Drive		<b>Transaction ID : SB29.17606</b>
City Pickerington	State OH	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect John Patrick Carney</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012
Mailing Address 357 East Torrence Road		<b>Transaction ID : SB29.17607</b>
City Columbus	State OH	
Purpose of Disbursement contribution	Candidate Name	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2100.00
<b>TOTAL</b> 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. Coleman for Columbus**

Mailing Address P O Box 1596

City Columbus State OH Zip Code 43216

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SB29.17605**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Committee for Jim Hughes**

Mailing Address 14 East Gay Street  
2nd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SB29.17182**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Cliff Hite**

Mailing Address 2417 Westmoor Road

City Findlay State OH Zip Code 45840

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SB29.17186**

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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. Cupp for Supreme Court**

Mailing Address 500 South Front St.  
Suite 700

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : SB29.17602**

Amount of Each Disbursement this Period

2108.00

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

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  
04 / 18 / 2012

**Transaction ID : SB29.17185**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

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  
05 / 29 / 2012

**Transaction ID : SB29.17609**

Amount of Each Disbursement this Period

1000.00

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

3608.00

**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. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066

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

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2012

Transaction ID : SB29.17183

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Husted for Ohio**

Mailing Address 148 Sherbrooke Drive

City Kettering State OH Zip Code 45429

Purpose of Disbursement  
contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District: 37

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2012

Transaction ID : SB29.17603

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Re-elect Justice O'Donnell**

Mailing Address 260 N. Cassady Ave

City Columbus State OH Zip Code 43209

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

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : SB29.17600

Amount of Each Disbursement this Period

2108.00

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

3108.00

**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. Retain Justice Yvette McGee Brown**

Mailing Address 340 E. Fulton St.

City Columbus State OH Zip Code 43215

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 : SB29.17601**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Yost for Auditor**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

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 : SB29.17614**

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)..... ▶