



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="33086.11"/>	<input type="text" value="33086.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33086.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10321.70"/>	<input type="text" value="10321.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43407.81"/>	<input type="text" value="43407.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5350.00"/>	<input type="text" value="5350.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38057.81"/>	<input type="text" value="38057.81"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	1140.50	1140.50
(ii) Unitemized .....	9181.20	9181.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10321.70	10321.70
(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) .....	10321.70	10321.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10321.70	10321.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10321.70	10321.70

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	5350.00	5350.00
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)) ..	5350.00	5350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5350.00	5350.00

**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) .....	10321.70	10321.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10321.70	10321.70
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: PAGE 6 OF 16  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.20741**

Amount of Each Receipt this Period  

40.00
-------

 payroll deduction of \$40

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

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 ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : SA11AI.20742**

Amount of Each Receipt this Period  

40.00
-------

 payroll deduction of \$40

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

Mailing Address 9240 Griggs Rd

City Englewood	State FL	Zip Code 34224
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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 ▼ **210.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

**Transaction ID : SA11AI.20488**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.10</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 16
	<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. 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 ▼ 280.40

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2014  
**Transaction ID : SA11AI.20668**

Amount of Each Receipt this Period  
70.10  
payroll deduction of \$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 ▼ 355.40

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2014  
**Transaction ID : SA11AI.20781**

Amount of Each Receipt this Period  
75.00  
payroll deduction

**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 ▼ 425.50

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2014  
**Transaction ID : SA11AI.20782**

Amount of Each Receipt this Period  
70.10  
payroll deduction of \$70.10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<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
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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 ▼  
495.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.20783**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$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
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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 ▼  
565.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : SA11AI.20784**

Amount of Each Receipt this Period  

70.10
-------

 payroll deduction of \$70.10

**C. 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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : SA11AI.20841**

Amount of Each Receipt this Period  

30.00
-------

 payroll deduction of \$30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.20
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 Hunters Ridge Court  
 City State Zip Code  
 Manitowoc WI 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.20873**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**B. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 Hunters Ridge Court  
 City State Zip Code  
 Manitowoc WI 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : SA11AI.20874**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**C. Mr. Robert L. McCracken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 Hunters Ridge Court  
 City State Zip Code  
 Manitowoc WI 54220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Motorists Mutual Ins. Co. Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : SA11AI.20875**  
 Amount of Each Receipt this Period  
 45.00  
 payroll deduction of \$45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : SA11AI.20879**

Amount of Each Receipt this Period  

50.00
-------

 payroll deduction of \$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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SA11AI.20880**

Amount of Each Receipt this Period  

50.00
-------

 payroll deduction of \$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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

**Transaction ID : SA11AI.20881**

Amount of Each Receipt this Period  

50.00
-------

 payroll deduction of \$50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 11 OF 16
	<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 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : SA11AI.20710**

Amount of Each Receipt this Period  
**55.00**

payroll deduction of \$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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11AI.20911**

Amount of Each Receipt this Period  
**55.00**

payroll deduction of \$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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.20909**

Amount of Each Receipt this Period  
**55.00**

payroll deduction of \$55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **165.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
<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 ▼ **385.00**

Date of Receipt **03 / 28 / 2014**

**Transaction ID : SA11AI.20912**

Amount of Each Receipt this Period **55.00**

payroll deduction of \$55

**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 ▼ **210.00**

Date of Receipt **03 / 28 / 2014**

**Transaction ID : SA11AI.20946**

Amount of Each Receipt this Period **30.00**

payroll deduction of \$30

**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 ▼ **210.00**

Date of Receipt **03 / 14 / 2014**

**Transaction ID : SA11AI.20951**

Amount of Each Receipt this Period **35.00**

payroll deduction of \$35

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 16  
(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. 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 ▼ **245.00**

Date of Receipt **03 / 28 / 2014**

**Transaction ID : SA11AI.20952**

Amount of Each Receipt this Period **35.00**

payroll deduction of \$35

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1140.50</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) <b>A. Citizens for Bill Beagle</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 115 S. Tippecanoe Drive PO Box 342		<b>Transaction ID : SB29.20729</b>
City Tipp City State OH Zip Code 45371	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution	Candidate Name	Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Mingo</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 12364 Thoroughbred Drive		<b>Transaction ID : SB29.20724</b>
City Pickerington State OH Zip Code 43147	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Contribution	Candidate Name	Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect John Patrick Carney</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 357 East Torrence Road		<b>Transaction ID : SB29.20731</b>
City Columbus State OH Zip Code 43214	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement contribution	Candidate Name	Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1750.00
<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. Committee to Elect Manning**

Mailing Address 5380 Baron Road

City North Ridgeville State OH Zip Code 44039

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  
03 / 28 / 2014

Transaction ID : SB29.20738

Amount of Each Disbursement this Period

500.00

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

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2014

Transaction ID : SB29.20728

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Wes Retherford**

Mailing Address 350 Ashley Brook Dr

City Hamilton State OH Zip Code 45013

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  
03 / 28 / 2014

Transaction ID : SB29.20739

Amount of Each Disbursement this Period

350.00

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

1350.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LIFEPAC**

Mailing Address 100 South Third Street

City Columbus State OH Zip Code 43215

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 : SB29.20726**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. OIIPAC**

Mailing Address 172 East State Street  
P. O. Box 816

City Columbus State OH Zip Code 43216

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 : SB29.20727**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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