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Image# 14960610901

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 32	For	Other Tha	an An Authorized	d Commit	tee		Office Use Only	
NAME OF COMMITTEE (E OR PRINT		ample: If typer the lines.	ing, type	12FE4M5		
MOTORISTS	MUTUAL IN	ISURAN	CE COMPANY	CIVIC F	UND	1 1 1 1 1		
	1 1 1 1 1				1 1 1 1		1 1 1 1 1	
ADDRESS (number		71 E BROAD	ST					
Check if d than previous reported. (ously , c	COLUMBUS				ОН	43215	
2. FEC IDENTIF	CATION NUMB	ER ▼	CITY 🛦		S	STATE 🛦	ZIP C	ODE 🛦
C c00336	834		3. IS THIS REPORT	×	NEW (N) OR	AM (A)	ENDED	
4. TYPE OF RI (Choose One) (a) Quarterly F	Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	ĕ	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 1 Quarte Octob Quarte Janua	erly Report (Q1) 5 erly Report (Q2) er 15 erly Report (Q3)		Pay E-Election ort for the:	Primary (12 Convention		General (
July 3 Repor Year 0	1 Mid-Year t (Non-election Dnly) (MY) nation Report		Day One of the control of the control on the contro	General (30	OG)	Runoff (3	oR) in the State	
5. Covering Period	d 01	01	2014	through	03	/ D D /	2014]
I certify that I have Type or Print Name	of Treasurer N	fichael L. Wis	_			M - M	/ D D /	Y Y Y Y
Signature of Treasu	rer <u>Michael L.</u>	wiseman		[Electronical	lly Filed] D	ate 04_	07_	2014
NOTE: Submission of	f false, erroneous	, or incomple	te information may si	ubject the pe	rson signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Office Use Only							FEC FO	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 33086.11 January 1, 2014 (b) Cash on Hand at 33086.11 Beginning of Reporting Period..... 10321.70 10321.70 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 43407.81 43407.81 6(a) and 6(c) for Column B)..... 5350.00 5350.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 38057.81 38057.81 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

I. Receipts	COLUMN A				
	I. Receipts COLUMN A Total This Period				
tributions (other than loans) From:	<u> </u>				
Individuals/Persons Other					
	1140.50	1140.50			
(i) Itemized (use Schedule A)	1140.30	1140.00			
(ii) Unitemized	9181.20	9181.20			
Lines 11(a)(i) and (ii)	10321.70	10321.70			
Political Party Committees	0.00	0.00			
Other Political Committees (such as PACs)	0.00	0.00			
Total Contributions (add Lines					
Totals to Line 33, page 5)▶	10321.70	10321.70			
nsfers From Affiliated/Other y Committees	0.00	0.00			
oans Received	0.00	0.00			
a Ponsyments Possived	0.00	0.00			
	7	0.00			
·	0.00	0.00			
unds of Contributions Made					
ederal Candidates and Other					
tical Committees	0.00	0.00			
er Federal Receipts					
idends, Interest, etc.)	0.00	0.00			
nsfers from Non-Federal and Levin Funds					
Non-Federal Account					
(from Schedule H3)	0.00	0.00			
Levin Funds (from Schedule H5)	0.00	0.00			
Fotal Transfers (add 18(a) and 18(b))	0.00	0.00			
	Political Party Committees Other Political Committees (such as PACs)	(ii) Unitemized (use Schedule A)			

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
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calelidal Teat-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") New Follows Oliver	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures	7 7	
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	2.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d))	200	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan Repayments Made	3.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(I) Palitical Part Consulting	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	5350.00	5350.00
Other Disbursements	3330.00	3 3 3
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	7
(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	0.00	2.22
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5350.00	5350.00
		3000.00
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)

ursements Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10321.70	10321.70
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10321.70	10321.70
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:				PAGE	:	6	OF	16			
	(0	che	ck only	or	ne)						
		X	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	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt
City	State Zip Code	03 14 2014 Transaction ID : SA11AI.20741
Dublin FEC ID number of contributing	OH 43016	Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer	Occupation	payroll deduction of \$40
Motorists Mutual Ins. Co. Receipt For: Primary General	VP Personal Lines Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop		Date of Receipt
City Dublin	State Zip Code OH 43016	03 28 2014 Transaction ID : SA11AI.20742
FEC ID number of contributing federal political committee.	C 43010	Amount of Each Receipt this Period 40.00
Name of Employer Motorists Mutual Ins. Co.	Occupation VP Personal Lines	payroll deduction of \$40
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester		Date of Receipt
Mailing Address 9240 Griggs Rd		01 31 2014
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.20488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.10
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$70.10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.30	
SUBTOTAL of Receipts This Page (optional)	•	150.10
TOTAL This Period (last page this line number	r only)	7

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

FOR LINE NUMBER:				PAGE	7	OF	16	
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt
City	State Zip Code	02 14 2014 Transaction ID : SA11AI.20668
Englewood FEC ID number of contributing	FL 34224	Amount of Each Receipt this Period
federal political committee.	C	70.10
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction of \$70.10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.40	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	•	Date of Receipt
Mailing Address 9240 Griggs Rd City	State Zip Code	02 28 2014 Transaction ID - SAMAN 20704
Englewood	FL 34224	Transaction ID : SA11AI.20781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Director	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.40	
Full Name (Last, First, Middle Initial) C. Mr. Larry L. Forrester		Date of Receipt
Mailing Address 9240 Griggs Rd		02 28 2014
City Englewood	State Zip Code FL 34224	Transaction ID : SA11AI.20782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.10
Name of Employer	Occupation	payroll deduction of \$70.10
Motorists Mutual Insurance Co.	Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	425.50	
SUBTOTAL of Receipts This Page (optional)	215.20
TOTAL This Period (last page this line num	ber only)	

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

FOF	FOR LINE NUMBER:				PAGE	8	OF	16
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	13		14		15	16	6	17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd		Date of Receipt
City Englewood FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code FL 34224 C Occupation Director Aggregate Year-to-Date ▼ 495.60	Transaction ID : SA11AI.20783 Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd City Englewood FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code FL 34224 C Occupation Director Aggregate Year-to-Date ▼ 565.70	Date of Receipt 03 28 2014 Transaction ID : SA11Al.20784 Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State Zip Code OH 43235 C Occupation Executive VP & COO Aggregate Year-to-Date ▼ 210.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	170.20
TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt
City Manitowoc	State Zip Code WI 54220	02 28 2014 Transaction ID : SA11AI.20873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	45.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director	payroll deduction of \$45
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court		Date of Receipt
City Manitowoc	State Zip Code WI 54220	Transaction ID : SA11AI.20874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	45.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$45
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken		Date of Receipt
Mailing Address 2135 Hunters Ridge Court City	State Zip Code	03 28 2014
Manitowoc	WI 54220	Transaction ID : SA11AI.20875 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$45
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional).		135.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:					PAGE	. 1	10	OF	16
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X	11a		11b		11c		12		
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Pr. Hoit 201		Date of Receipt
Mailing Address 4612 Club Dr., Unit 201		02 28 2014
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.20879 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	payroll deduction of \$50
Retired from MIG	Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201	Date of Receipt 03 14 2014	
City	State Zip Code	Transaction ID : SA11Al.20880
Port Charlotte	FL 33953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Retired from MIG	Occupation Director	payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
Mailing Address 4612 Club Dr., Unit 201		03 28 2014
City Port Charlotte	State Zip Code FL 33953	Transaction ID : SA11AI.20881 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	payroll deduction of \$50
Retired from MIG	Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	only)	7

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

FOR LINE NUMBER:					PAGE	. 1	11	OF	16	
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt
City Westlake	State Zip Code OH 44145	02 14 2014 Transaction ID : SA11AI.20710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.00
Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director	payroll deduction of \$55
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place	Date of Receipt	
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.20911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
Mailing Address 29270 Hampshire Place		03 14 2014
City Westlake	State Zip Code OH 44145	Transaction ID : SA11AI.20909 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional).		165.00
TOTAL This Period (last page this line numb	er only)	

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

ı	FOR LINE NUMBER:					PAGE	. 1	12	OF	16
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		13		14		15		16		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Mr. Robert C. Smith Mailing Address 29270 Hampshire Place		Date of Receipt
City	State Zip Code	03 28 2014
Westlake	OH 44145	Transaction ID : SA11AI.20912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	payroll deduction of \$55
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.	Date of Receipt	
City Westerville	State Zip Code OH 43082	Transaction ID : SA11Al.20946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 45002	Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP Life Ops & Corp. Svs	payroll deduction of \$30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Michael L. Wiseman	'	Date of Receipt
Mailing Address 90 Timberknoll Loop		03 14 2014 _
City Powell	State Zip Code OH 43065	Transaction ID : SA11AI.20951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	payroll deduction of \$35
Motorists Mutual Ins Company Receipt For:	Sr VP,Treas.,CFO Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER: (check only one)					PAGE	. 1	13	OF	16	
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		13		14		15		16	;	17

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 INSU	IRANCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop		Date of Receipt
City Powell	State Zip Code OH 43065	03 28 2014 Transaction ID : SA11AI.20952 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Motorists Mutual Ins Company	Occupation Sr VP,Treas.,CFO	payroll deduction of \$35
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	
Full Name (Last, First, Middle Initial) 3. Mailing Address	Date of Receipt	
City	Amount of Each Possint this Poriod	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	35.00
TOTAL This Period (last page this line numl	<u> </u>	1140.50

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SC	HEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 16					
ITE	MIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	nly one)					
		Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b					
Λ ::-	, information conied from such Departs and Chata-	nonto may not be cold as							
or f	r information copied from such Reports and Staten for commercial purposes, other than using the nam	ne and address of any polit	sed by any perso ical committee to	osolicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	MOTORISTS MUTUAL INSURANCE	CE COMPANY CIV	IC FUND						
Щ,	Full Name (Lost First Middle Initial)		1						
_	Full Name (Last, First, Middle Initial) Citizens for Bill Beagle			Date of Disbursement					
•	Onizona for Dill Deagle			M M / D D / Y Y Y Y					
Ī	Mailing Address 115 S. Tippecanoe Drive			03 28 _ 2014 _					
-	PO Box 342 City S	State Zip Code							
	City Tipp City	OH 45371		Transaction ID: SB29.20729					
	Purpose of Disbursement								
_	contribution		011	Amount of Each Disbursement this Period					
(Candidate Name		Category/	500.00					
ī	Office Sought: House Disbursen	nent For:	Type						
`		Primary General							
	President	Other (specify)							
	State: District:								
_	Full Name (Last, First, Middle Initial)			Date of Dighuresment					
B.	Citizens for Mingo			Date of Disbursement					
1	Mailing Address 12364 Thoroughbred Drive			01 10 2014					
_									
	,	State Zip Code		Transaction ID : SB29.20724					
	Pickerington Purpose of Disbursement	OH 43147							
	Contribution		011	Amount of Each Disbursement this Period					
(Candidate Name		Category/	750.00					
-	200	. =	Туре	750.00					
(Office Sought: House Disbursen Senate	nent For: Primary General							
		Other (specify)							
9	State: District:	- (-1)/ \							
	Full Name (Last, First, Middle Initial)								
C.	Citizens to Elect John Patrick Carn	ey		Date of Disbursement					
-	Mailing Addross 257 Fast Tamas a Danid			03 28 2014					
ı	Mailing Address 357 East Torrence Road			03 28 2014					
(•	State Zip Code		Transaction ID : SB29.20731					
		OH 43214		11a115action ID . 3D23.20/31					
ı	Purpose of Disbursement contribution		011						
Ī	Candidate Name			Amount of Each Disbursement this Period					
			Category/ Type	500.00					
Ō	Office Sought: House Disbursen	nent For:							
		Primary General							
	President State: District:	Other (specify) ▼							
_	State. DISTRICT.								
SI	JBTOTAL of Disbursements This Page (optional)			1750.00					
Ë									
I TO	OTAL This Period (last page this line number only)			1					

S 17

SC	CHEDULE B (FEC Form 3X)					1817 -	NUMBER: PAGE 15 OF 16					
	EMIZED DISBURSEMENTS		arate schedule(s)	\ I	_		NUMBER: PAGE 15 OF 16 ly one)					
111	TIMITED DISBORSEMENTS		category of the	'		21b	22		23	24	. 2	25 26
		Detailed	Summary Page		H	27	28a		28b	28	c X 2	29 30b
An	y information copied from such Reports and Staten	nents may	not be sold or u	sed by	any	perso	n for the	pur	pose (of solicit		ributions
	for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	MOTORISTS MUTUAL INSURANCE	CE COM	IPANY CIV	IC F	UNI	D						
_	Full Name (Last, First, Middle Initial)											
_	Committee to Elect Manning						Date of	of Dis	sburse	ment		
	Committee to Liect Marining						M	1 /	D	D /	Y	Y
	Mailing Address 5380 Baron Road						03		2		2014	
	•	State OH	Zip Code 44039				Tran	sacti	ion ID	: SB29	.20738	
	North Ridgeville Purpose of Disbursement	011	44039									
	contribution			(011		Amour	nt of	Each	Disburs	sement th	nis Period
	Candidate Name			Cat	egory	//		_		-		
					ype	,		_	7			500.00
	Office Sought: House Disburser											
	Senate President	Primary	General									
	State: District:	Other (spe	CITY) \blacktriangledown									
_	Full Name (Last, First, Middle Initial)											
В.	•						Date of	of Dis	sburse	ment		
							M N	Л /	D	D /	Y	Y
	Mailing Address 7706 State Route 703						03		2	8	201	4
	-	<u> </u>										
	City S Celina	State OH	Zip Code 45822				Tran	sact	ion ID	: SB29	.20728	
	Purpose of Disbursement		43022			_						
				(011	Ш	Amour	nt of	Each	Disburs	sement th	nis Period
	Candidate Name			Cat	egory	//			-			500.00
					ype			-	7	7		500.00
	Office Sought: House Disburser		0									
	Senate President	Primary Other (spec	General									
	State: District:	Other (spec	City) \blacktriangledown									
_	Full Name (Last, First, Middle Initial)											
C.	Friends of Wes Retherford						Date of	of Dis	sburse	ment		
							M	Л /	D	D /	Y	Y Y
	Mailing Address 350 Ashley Brook Dr						03	_	2	8	2014	4
	City S	State	Zip Code									
		OH	45013				Tran	sact	ion ID	: SB29	.20739	
	Purpose of Disbursement				-	\neg						
	contribution			(011		Amour	nt of	Each	Disburs	sement th	nis Period
	Candidate Name				egory	//						350.00
	Office Sought: House Disburser	nent For:		Т	уре			-	7			
	Senate Disburser	Primary	General									
	President	Other (spe										
	State: District:		•									
								-	_			
s	UBTOTAL of Disbursements This Page (optional)					•			7		1:	350.00
Г									-			
[T	OTAL This Period (last page this line number only)								m =			

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 16 OF 16							
	EMIZED DISBURSEMENTS	Use separate schedule(s) FOR (chec	<u> </u>	<u> </u>					
• •		for each category of the Detailed Summary Page	`] 21b [^] [23	24	25	26	
		Dotailed Summary Fage		27	28a	28b	28c	X 29	30b	
	y information copied from such Reports and Stater									
or	for commercial purposes, other than using the nan	ne and address of any politi	cal commit	ittee to s	solicit contr	ibutions	from suc	ch comm	ittee.	
	NAME OF COMMITTEE (In Full)									
$ \rangle$	MOTORISTS MUTUAL INSURANCE	CE COMPANY CIV	IC FUN	1D						
\angle	Full Name (Last, First, Middle Initial)									
A.	LIFEPAC		Date of Disbursement							
					M M	/ D		/	Y	
	Mailing Address 100 South Third Street				03 14 2014					
	,	State Zip Code			Transac	tion ID	: SB29.2	0726		
	Columbus Purpose of Disbursement	OH 43215						•		
	Contribution		011		Amount o	of Each I	Disburse	ment this	Period	
	Candidate Name			m/	7					
			Categoi Type			,	,	7:	50.00	
	Office Sought: House Disburser	ment For:								
	Senate	Primary General								
	President	Other (specify) ▼								
_	State: District:									
P	Full Name (Last, First, Middle Initial)				Data of F)ichuras:	mont			
D.	OIIPAC				Date of [,		
	Mailing Address 172 East State Street				03	06		2014	Y	
	P. O. Box 816		30	J.		_0,1	_			
	City	State Zip Code			Transa	ction ID	: SB29.2	0727		
	Columbus	OH 43216			. i uli sa		. 5525.2			
	Purpose of Disbursement Contribution		011	$\neg \bot$	Amount o	of Fach I	Dishurea	ment this	Period	
	Candidate Name				Amount	n Lacii i	Disbuise	inent tine	s i ellou	
			Categor Type					15	00.00	
	Office Sought: House Disburser	ment For:	.,,,,,							
	Senate	Primary General								
	President	Other (specify) ▼								
	State: District:									
_	Full Name (Last, First, Middle Initial)				5	· ·				
C.					Date of D	Jisburser				
	Mailing Address				M = M	/ D	D /	YYY	Y	
	Ivialility Address							-		
	City	State Zip Code								
	•	· 								
	Purpose of Disbursement		-							
	Candidata Nama				Amount o	of Each I	Disburse	ment this	Period	
	Candidate Name		Categor							
	Office Sought: House Disburser	ment For:	Туре	;		7	7			
	Senate Disburser	Primary General								
	President	Other (specify)								
	State: District:	、 ,								
Г	'									
s	UBTOTAL of Disbursements This Page (optional)			. •		7	- 40	225	50.00	
H						-		507	70.00	
IΤ	OTAL This Period (last page this line number only)	1						535	50.00	