Image# 2018071391153	95911				_		P	AGE 1 / 24
FEC FORM 3X	AN	PORT ( ND DISE Other Than A	BURSE	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in f		e or print ▼		mple: If typin r the lines.	ng, type	12FE4M	15	
ADDRESS (number and		71 E BROAD ST						
Check if differ	h.,							
than previous reported. (AC						OH	43215	-
2. FEC IDENTIFICA	TION NUMB	ER 🔻	CITY 🔺		S		ZIP C	ODE 🔺
C C00336834			3. IS THIS REPORT		NEW N) <b>OR</b>	AI (A	MENDED	
<ul> <li>4. TYPE OF REP (Choose One)</li> <li>(a) Quarterly Report</li> <li>April 15 Quarterly</li> <li>July 15</li> </ul>	- (	b) Monthly Report Due On: (C) 12-Day PRE-Elec	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
October 1 Quarterly January 3	Report (Q3)	Report fo		Convention (	12C)	Special	(12S) in the State	
July 31 M Report (N Year Only	lon-election	(d) 30-Day <b>POST</b> -Ele Report fo		General (300	G)	Runoff (	(30R)	Special (30S)
Terminatio (TER)	on Report		Election on	M = M /	D D /	Y = Y = Y = Y	in the State	
5. Covering Period	0 <u>4</u>	01 / Y	2018	through	M M 06	/ D D 30	2018	]
I certify that I have exactly that I have exactly a constraint of the second se	N	eport and to the loore, Marchelle, ,	best of my kno ,	wledge and I	belief it is true	e, correct ar	nd complete.	
Signature of Treasurer	Moore, Ma	urchelle, , ,		[Electronically	y <i>Filed]</i> Da	ate 07	M / D D / 13	2018
NOTE: Submission of fa	lse, erroneous,	or incomplete inf	ormation may su	ubject the pers	son signing th	is Report to	the penalties of 5	52 U.S.C. § 3010
Office Use Only							FEC FO Rev. 05	

07/13/2018 09 : 55

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From: 04		: 06 / D D / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		48201.36
	(b) Cash on Hand at Beginning of Reporting Period	37610.65	
	(c) Total Receipts (from Line 19)	5960.00	9560.00
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	43570.65	57761.36
7.	Total Disbursements (from Line 31)	4750.00	18940.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38820.65	38820.65
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. 05/2016)

Write or Type Committee Name

### MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts Contributions (other than loans) From:	COLUMN A Total This Period	COLUMN B
Contributions (other than loans) From:		Calendar Year-to-Date
	· ·	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	1365.00	1405.00
(ii) Unitemized	4595.00	8155.00
(iii) TOTAL (add		0560.00
Lines 11(a)(i) and (ii)	5960.00	9560.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
<ul><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	4	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	5960.00	9560.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	-77	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	5960.00	9560.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	5960.00	9560.00

I

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>4</b>	
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
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	2740.71	
(c) Total Operating Expenditures	0.00	2740.71	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party			
Committees Contributions to Federal Candidates/Committees	0.00	0.00	
and Other Political Committees	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00	
(such as PACs)	0.00	0.00	
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00	
Other Disbursements (Including		40000.00	
Non-Federal Donations)	4750.00	16200.00	
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))		
(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	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4750.00	18940.71	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4750.00		
	4750.00	18940.71	

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
I LO	1 01111	JA	(1100.	03/2010	,

### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

						5960.00
	-7			-7		
						0.00
1	-	1	1	-7-	1	0.00
						5060.00
	-7			- 7	4	5960.00
	-7			7		0.00
	-7			-7		0.00
		1			1	0.00
	-7-			-7-		0.00

9560.00 0.00 9560.00 2740.71 0.00 2740.71

COLUMN B

Calendar Year-to-Date

#### Page 5

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions te to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	OMPANY CIVIC FUNE	)			
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			04 06 / Y Y Y Y 04 06 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27658 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Payroll Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	]			
Full Name of Individual (Last, First, Middle B. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop	04 20 / Y Y Y Y 2018					
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27668 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]			
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			05 / 04 / Y Y Y Y 05 04 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27702 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Motorists Life Insurance Compa President MLIC		upation (for Individual) sident MLIC	Payroll Contribution			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	]			
SUBTOTAL of Receipts This Page (optional	)		120.00			
TOTAL This Period (last page this line numl	per only)					

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
I LIVILLED REVEILIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUNI	)			
Full Name of Individual (Last, First, Middl A. Agan, Michael, J., ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			05 18 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27776 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Name of Employer (for Individual) Motorists Life Insurance Compa Receipt For:	Pres	upation (for Individual) sident MLIC	Payroll Contribution			
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
Full Name of Individual (Last, First, Middl Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	e Initial) or Full O	rganization Name	Date of Receipt			
City	State	Zip Code	06 01 2018 Transaction ID : SA11AL27829			
Dublin FEC ID number of contributing federal political committee.	ОН	43016	Amount of Each Receipt this Period			
Matariata Life Indurance Compo		upation (for Individual) sident MLIC	Payroll Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440,00				
Full Name of Individual (Last, First, Middl C. Agan, Michael, J., ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5658 Tynecastle Loop			06 / D D / Y Y Y Y 06 15 2018			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27882           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
Motorists Life Insurance Compa		upation (for Individual) ident MLIC	Payroll Contribution			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00				
SUBTOTAL of Receipts This Page (optiona	al)		120.00			
TOTAL This Period (last page this line num	nber only)					

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

		Use separate schedule(s)	(check only one)		
IIEWIIZED KEGEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND	)		
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5658 Tynecastle Loop			06 29 2018		
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27936 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		40.00		
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC	Memo Item Payroll Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	]		
Full Name of Individual (Last, First, Middle B. Campbell, Grady, , Mr.,	Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5760 Whispering Trail	05 04 2018				
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.27706 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Memo Item Payroll Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]		
Full Name of Individual (Last, First, Middle C. Campbell, Grady, , Mr.,	Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 5760 Whispering Trail			05 18 / Y Y Y Y Y		
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.27760 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Sr. V	upation (for Individual) /P Marketing Services & PL Year-to-Date ▼	Memo Item Payroll Contribution		
Primary General Other (specify)		250.00	]		
SUBTOTAL of Receipts This Page (optional).			90.00		
TOTAL This Period (last page this line numb	er only)	······			

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
ILEWILED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions te to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUND	)			
Full Name of Individual (Last, First, Mic A. Campbell, Grady, , Mr.,	Idle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y 06 01 2018			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.27810 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Memo Item Payroll Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]			
Full Name of Individual (Last, First, Mic <b>Campbell, Grady, , Mr.,</b> Mailing Address 5760 Whispering Trail	Idle Initial) or Full O	rganization Name	Date of Receipt			
City Galena	State	Zip Code 43021	06 15 2018 Transaction ID : SA11AI.27863			
FEC ID number of contributing federal political committee.	С	43021	Amount of Each Receipt this Period			
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Memo Item Payroll Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]			
Full Name of Individual (Last, First, Mic C. Campbell, Grady, , Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 5760 Whispering Trail			06 / 29 / Y Y Y Y 06 29			
City Galena	State OH	Zip Code 43021	Transaction ID : SA11AI.27918           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Motorists Mutual Ins. Co. Receipt For:	Sr. \	upation (for Individual) /P Marketing Services & PL	Payroll Contribution			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	]			
SUBTOTAL of Receipts This Page (optio	nal)		75.00			
TOTAL This Period (last page this line n	umber only)					

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_ \_ \_ \_

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
I EWIZED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12		
Any information copied from such Reports an	d Statements ma	ay not be sold or used by any purchase of any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		duress of any political committee			
	RANCE CO	OMPANY CIVIC FUND	)		
Full Name of Individual (Last, First, Middle Gregoire, Shaun, D., ,	Initial) or Full O	organization Name	Date of Receipt		
Mailing Address 396 Shelby Avenue, East			06 / Y Y Y Y 2018		
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.27961 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
Motorists Mutual Ins. Company	VP	Marketing	Payroll Contribution		
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General			1		
Other (specify) <b>v</b>		210.00	]		
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name			
B. Gregoire, Shaun, D., ,			Date of Receipt		
Mailing Address 396 Shelby Avenue, East		06 29 2018			
City	State	Zip Code	Transaction ID : SA11AI.27941		
Powell	ОН	43065	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Marketing	Memo Item Payroll Contribution		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		, 225.00	1		
Full Name of Individual (Last, First, Middle C. Hennen, Kirk, , ,	Initial) or Full O	organization Name	Date of Receipt		
Mailing Address 2860 Wynridge Drive			06 / D D / Y Y Y Y 06 01 2018		
City	State OH	Zip Code	Transaction ID : SA11AI.27820		
Grove City		43123	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		20.00		
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item		
Motorists Mutual Insurance Co	AVP	P, Sales - West Zone	Payroll Contribution		
Receipt For:	Aggregate	Year-to-Date 🔻			
Primary General		220.00	1		
Other (specify)			1		
SUBTOTAL of Receipts This Page (optional)			50.00		
TOTAL This Period (last page this line numb	per only)				

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	MPANY CIVIC FUNE	)				
Full Name of Individual (Last, First, Middl A. Hennen, Kirk, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2860 Wynridge Drive			06 15 2018				
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.27874 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		20.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) 2, Sales - West Zone	Payroll Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate						
Full Name of Individual (Last, First, Middl Hennen, Kirk, , , Mailing Address 2860 Wynridge Drive	e Initial) or Full O	rganization Name	Date of Receipt				
City Grove City	State OH	Zip Code 43123	06     29     2018       Transaction ID : SA11AI.27928       Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		20.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Memo Item Payroll Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00					
Full Name of Individual (Last, First, Middl C. Kaufman, David L., , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 7925 Greenside Lane			04 / D D / Y Y Y Y 2018				
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.27642           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Exec	upation (for Individual) cutive VP & COO	Payroll Contribution				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00					
SUBTOTAL of Receipts This Page (optiona	l)		▶ 70.00				
TOTAL This Period (last page this line num	ber only)						

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Middle A. Kaufman, David L., , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7925 Greenside Lane			04 / D D / Y Y Y Y Y 04 20 2018					
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.27686 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Exe	upation (for Individual) cutive VP & COO	Memo Item Payroll Contribution					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]					
Full Name of Individual (Last, First, Middle B. Kaufman, David L., , , Mailing Address 7925 Greenside Lane	Initial) or Full C	rganization Name	Date of Receipt					
City Worthington	State OH	Zip Code 43235	05042018 Transaction ID : SA11AI.27719 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) ecutive VP & COO	Memo Item Payroll Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]					
Full Name of Individual (Last, First, Middle C. Kaufman, David L., , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7925 Greenside Lane			05 / D D / Y Y Y Y 05 18 2018					
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.27757           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Exe	upation (for Individual) cutive VP & COO	Memo Item Payroll Contribution					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]					
SUBTOTAL of Receipts This Page (optional)			90.00					
TOTAL This Period (last page this line numb	er only)							

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

			Use separate schedule(s)		(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		ose of	soliciting	contribu	itions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND							
A.	Full Name of Individual (Last, First, Middle Initia Kaufman, David L., , ,	al) or Full O	rganization Name	[	Date of	Re	ceipt			
	Mailing Address 7925 Greenside Lane				м м 06	/	01	/ Y	y y 2018	Ŷ
	City Worthington	State OH	Zip Code 43235					SA11AI. eceipt th		
	FEC ID number of contributing federal political committee.	C					<u>, , , , , , , , , , , , , , , , , , , </u>	-	30	.00
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) cutive VP & COO	Pa	Me ayroll C		Item ibution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00								
B.	Full Name of Individual (Last, First, Middle Initia Kaufman, David L., , , Mailing Address 7925 Greenside Lane	al) or Full O	rganization Name		Date of	Re /	ceipt	/ Y	Y Y	Ŷ
	City Worthington	State OH	Zip Code 43235		06 15 2018 Transaction ID : SA11AI.27858 Amount of Each Receipt this Period					_
	FEC ID number of contributing federal political committee.	C			Amount				30	_
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) coutive VP & COO	Memo Item Payroll Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00								
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Kaufman, David L., , ,					Re	ceipt			
	Mailing Address 7925 Greenside Lane				<sup>M</sup> 06	1	D D D 29		2018 Y	Y
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.2 Amount of Each Receipt this						
	FEC ID number of contributing federal political committee.	С				30	00			
	Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Exec	upation (for Individual) cutive VP & COO	P	Me ayroll C		Item ibution			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	]						
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	90	00
т	OTAL This Period (last page this line number of	nly)					<b>,</b>			

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUN	כ				
Full Name of Individual (Last, First, Middle A. Kessler, John C., , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3910 Caswell Road			06 01 2018				
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.27817 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		20.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00					
Full Name of Individual (Last, First, Middle <b>Kessler, John C., , ,</b> Mailing Address 3910 Caswell Road	Initial) or Full O	rganization Name	Date of Receipt				
City Johnstown	State	Zip Code 43031	06     15     2018       Transaction ID : SA11AI.27872       Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		20.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Memo Item Payroll Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00					
Full Name of Individual (Last, First, Middle C. Kessler, John C., , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3910 Caswell Road			06 / D / Y Y Y Y 2018				
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.27926           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		20.00				
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) and CIO	Payroll Contribution				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00					
SUBTOTAL of Receipts This Page (optional)			60.00				
TOTAL This Period (last page this line numb	per only)						

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

			Use separate schedule(s)	(ch	(check only one)					
			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c 15	12	17
	nformation copied from such Reports and Stat commercial purposes, other than using the n				for the		oose of	soliciting	contribu	utions
	ME OF COMMITTEE (In Full)		MPANY CIVIC FUND	I						
	ll Name of Individual (Last, First, Middle Initial awrence, Todd, , Mr.,	) or Full Or	rganization Name		Date of	Re	ceipt			
Ma	ailing Address 116 Clarke Lane				м м 05	/	04	) / Y	ү ү 2018	Y
Cit H	y opkinton	State NH	Zip Code 03229	_				SA11AI. Receipt th		ł
	C ID number of contributing deral political committee.	С						1 95	25	.00
Ph	me of Employer (for Individual) enix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	F	Payroll C		ltem ribution			
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 225.00	]						
	II Name of Individual (Last, First, Middle Initial awrence, Todd, , Mr.,	) or Full Or	rganization Name		Date of	Re	ceipt			
	ailing Address 116 Clarke Lane			м м 05	/	D D D D 18	/ Y	ү ү 2018	Ŷ	
Cit He	y opkinton	State NH	Zip Code 03229	-			-	SA11AL		4
FE	C ID number of contributing deral political committee.	C Occupation (for Individual) Sr. V.P.					,			.00
	ame of Employer (for Individual) enix Mutual Fire Ins. Co.				Payroll Contribution					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
	II Name of Individual (Last, First, Middle Initial awrence, Todd, , Mr.,	) or Full Or	rganization Name		Date of	Re	ceipt			
Ma	ailing Address 116 Clarke Lane				<sup>M</sup> 06	/	01	) / Y	2018 Y	Y
Cit H	y opkinton	State NH	Zip Code 03229	_				SA11AI. leceipt th		ł
	C ID number of contributing deral political committee.	С				25	.00			
Pł	me of Employer (for Individual) nenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Payroll Contribution						
Re	eceipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 275.00	]						
SUB	TOTAL of Receipts This Page (optional)			•					75	.00
тот	AL This Period (last page this line number on	ly)	-	•			, т. і.	, , ,		

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	
IILIWIIZLU NEGEIFIJ		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
Any information copied from such Report or for commercial purposes, other than u	ts and Statements ma using the name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	ISURANCE CO	OMPANY CIVIC FUNI	)	
Full Name of Individual (Last, First, M Lawrence, Todd, , Mr.,	Date of Receipt			
Mailing Address 116 Clarke Lane			06 15 2018	
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.27897 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) V.P.	Payroll Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
B. Lawrence, Todd, , Mr.,				
Mailing Address 116 Clarke Lane			M         M         /         D         D         /         Y	
City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.27948 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.		upation (for Individual) V.P.	Memo Item Payroll Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 325.00		
Full Name of Individual (Last, First, M C. Moore, Marchelle, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 2717 Gatewood Rd.				
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.27724           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) f Legal Officer	Payroll Contribution	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00		
SUBTOTAL of Receipts This Page (opti	onal)		75.00	
TOTAL This Period (last page this line	number only)			

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
I LIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUN	D				
Full Name of Individual (Last, First, Middle Moore, Marchelle, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2717 Gatewood Rd.			05 18 2018				
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.27773 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Payroll Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
B. Moore, Marchelle, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Moore, Marchelle, , ,						
Mailing Address 2717 Gatewood Rd.			06 01 Y Y Y Y 2018				
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.27826 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ef Legal Officer	Memo Item Payroll Contribution				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle C. Moore, Marchelle, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2717 Gatewood Rd.			06 / D D / Y Y Y Y 2018				
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.27878           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) of Legal Officer	Payroll Contribution				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional)			▶ 75.00				
TOTAL This Period (last page this line numb	per only)		I I I I I I I I I I I I I I I I I I I				

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	MPANY CIVIC FUND	)					
Full Name of Individual (Last, First, Mide A. Moore, Marchelle, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2717 Gatewood Rd.			M M / D D / Y Y Y Y 06 29 2018					
City Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.27932 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	Chie	upation (for Individual) If Legal Officer	Payroll Contribution					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]					
Full Name of Individual (Last, First, Mide B. Obrokta, TJ, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 8810 Ventura Way	06 / 29 / Y Y Y 2018							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.27947 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	50.00						
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
Full Name of Individual (Last, First, Mid C. Rudowicz, Randolph A., , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1026 Loch Ness Avenu	9		05 04 2018					
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.27728 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Contribution					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]					
SUBTOTAL of Receipts This Page (option	al)		100.00					
TOTAL This Period (last page this line nu	mber only)							

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_ \_ \_

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

IT!			Use separate schedule(s)	(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>≭</b> 11a 11b 11c 12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full)			to solicit contributions from such committee.				
$\rangle$	MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND					
Α.	Full Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	al) or Full O	rganization Name	Date of Receipt				
Mailing Address 1026 Loch Ness Avenue				05 18 2018				
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.27779           Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item				
	Motorists Mutual Ins. Company	VP F	Planning Prod & Svs	Payroll Contribution				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>					
	Primary General Other (specify) ▼	· · · ·	250.00					
	Full Name of Individual (Last, First, Middle Initia	al) or Full Oi	rganization Name	Data of Descipt				
в.	Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue			Date of Receipt				
		06 01 2018						
	City	State	Zip Code	Transaction ID : SA11AI.27832				
	Worthington	OH	43085	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			25.00				
	Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) Planning Prod & Svs	Memo Item Payroll Contribution				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		275.00					
С.	Full Name of Individual (Last, First, Middle Initia Rudowicz, Randolph A., , ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1026 Loch Ness Avenue		06 / D / Y Y Y Y 2018					
	City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.27885				
	FEC ID number of contributing			Amount of Each Receipt this Period				
	federal political committee.	С		25.00				
	Name of Employer (for Individual)		upation (for Individual)	Payroll Contribution				
	Motorists Mutual Ins. Company Receipt For:	1	Planning Prod & Svs Year-to-Date ▼					
	Primary General	Aggregate						
	Other (specify)		300.00					
s	UBTOTAL of Receipts This Page (optional)			75.00				
т	OTAL This Period (last page this line number or	וy)						

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	URANCE CO	OMPANY CIVIC FUNE	)					
Full Name of Individual (Last, First, Midd A. Rudowicz, Randolph A., , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1026 Loch Ness Avenue			M M / D D / Y Y Y Y 06 29 2018					
City Worthington	State OH	Zip Code 43085	Transaction ID : SA11AI.27939 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company Receipt For:	VPI	upation (for Individual) Planning Prod & Svs	Memo Item Payroll Contribution					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]					
Full Name of Individual (Last, First, Midd <b>B.</b> Stapleton, Charles D., , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6900 Kindler Drive			05 / 04 / Y Y Y Y 05 04					
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27731 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Payroll Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]					
Full Name of Individual (Last, First, Midd C. Stapleton, Charles D., , ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6900 Kindler Drive			05 / 18 / Y Y Y Y 05 / 18					
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27751 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Memo Item Payroll Contribution					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]					
SUBTOTAL of Receipts This Page (optional	al)		75.00					
TOTAL This Period (last page this line num	nber only)							

#### SCHEDULE A (FEC Form 3X) - . . . . . . DEAEIDTA

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 21 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUNE	)	
Full Name of Individual (Last, First, Middle Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 6900 Kindler Drive			06 01 Y Y Y Y Y 06 01 2018	
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27798 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Payroll Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]	
Full Name of Individual (Last, First, Middle B. Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt	
Mailing Address 6900 Kindler Drive	06 / Y Y Y Y Y 2018			
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27853 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Memo Item Payroll Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]	
Full Name of Individual (Last, First, Middle C. Stapleton, Charles D., , ,	iull Name of Individual (Last, First, Middle Initial) or Full Organization Name Stapleton, Charles D., , ,			
Mailing Address 6900 Kindler Drive				
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.27908 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) /P CL & Affiliate Operations	Payroll Contribution	
Receipt For: Primary General Other (specify)	Aggregate	]		
SUBTOTAL of Receipts This Page (optiona	)		75.00	
TOTAL This Period (last page this line num	ber only)			

#### SCHEDULE A (FEC Form 3X) • •

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and State for commercial purposes, other than using the nat			erson for the purpose of soliciting contributions			
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE CO	MPANY CIVIC FUND				
Α.	Full Name of Individual (Last, First, Middle Initial) Wilcox, Matt, , , Mailing Address 250 Daniel Burnham Sq Unit 308	Date of Receipt					
	City	06 29 2018 Transaction ID : SA11AI.27935					
	Columbus	ОН	43215	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) Motorists Insurance Group	Occup EVP	pation (for Individual)	Payroll Deduction			
	Receipt For:       A         Primary       General         Other (specify) ▼       I						
B.	Full Name of Individual (Last, First, Middle Initial)	or Full Org	ganization Name	Date of Receipt			
	Mailing Address						
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	pation (for Individual)	Memo Item				
	Receipt For:       A         Primary       General         Other (specify) ▼	ggregate Y	′ear-to-Date ▼				
с.	Full Name of Individual (Last, First, Middle Initial)	or Full Org	ganization Name	Date of Receipt			
	Mailing Address						
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		, ,			
	Name of Employer (for Individual)	me of Employer (for Individual) Occupation (for Individual)					
	Receipt For:     A       Primary     General       Other (specify)	ggregate Y	′ear-to-Date ▼				
s	UBTOTAL of Receipts This Page (optional)		••••••	50.00			
т	OTAL This Period (last page this line number only	/)	•••••	1365.00			

S	CHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 23 OF 24	
IT	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c <b>x</b> 29 30b	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nat	ments may me and add	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN	CE CON	IPANY CIVI	C FUND		
Α.	Full Name (Last, First, Middle Initial) Citizens for Hottinger	Date of Disbursement				
	Mailing Address 2135 Horns Hill Drive		04 16 2018			
	City Newark	StateZip CodeOH43055			FEC Identification Number	
	Purpose of Disbursement Campaign Contribution				C Transaction ID : SB29.27952	
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spe	X General		1000.00	
	State: District:	Other (spe	city) V		Memo Item	
B.	Full Name (Last, First, Middle Initial) Citizens for Obhoff Mailing Address 88 E. Broad St. Ste 1650	Date of Disbursement				
	City Columbus	State OH	Zip Code 43215		FEC Identification Number	
	Purpose of Disbursement Campaign Contribution		C Transaction ID : SB29.27951			
	Candidate Name	ht: House Disbursement For: 2018 Senate Primary X General			Amount of Each Disbursement this Period	
					1000.00	
	State: District:		,		Memo Item	
C.	Full Name (Last, First, Middle Initial) Committee to Elect Fred Strahorn	Date of Disbursement				
	Mailing Address 531 Belmont Park Borth #1001	05 22 2018				
	Dayton	State OH	Zip Code 45405-4749		FEC Identification Number	
	Purpose of Disbursement Campaign Contribution Candidate Name			011 Category/ Type	<b>Transaction ID : SB29.27953</b> Amount of Each Disbursement this Period	
	Senate				1000.00	
	State: District:		uny) ▼		Memo Item	
⊢	UBTOTAL of Disbursements This Page (optional).				3000.00	

SCH	EDULE B (FEC Form 3X)			FOR LINE I	
ITEMIZED DISBURSEMENTS		for each Detailed	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c <b>x</b> 29 30b
	formation copied from such Reports and State commercial purposes, other than using the na				
	ME OF COMMITTEE (In Full) OTORISTS MUTUAL INSURAN		IPANY CIVI	C FUND	
	I Name (Last, First, Middle Initial) ommittee to Elect Glenn W. Holr	Date of Disbursement			
Ma	iling Address 918 Pennsylvania	05 22 2018			
	Donald	State OH	Zip Code 44437		FEC Identification Number
	ose of Disbursement npaign Contribution				C Transaction ID : SB29.27958
Car	ndidate Name			Category/ Type	Amount of Each Disbursement this Period
Offi	ice Sought: House Disburse Senate President	ment For: 2018 Primary X General Other (specify) V			250.00
Sta					Memo Item
в. С	I Name (Last, First, Middle Initial) ommittee to Elect Kristin Boggs iling Address 545 E. Town Street		Date of Disbursement		
City					
Pur	City     State     Zip Code       Columbus     OH     43215       Purpose of Disbursement     Campaign Contribution				C
	Candidate Name				Transaction ID : SB29.27957 Amount of Each Disbursement this Period
Offi	ice Sought: House Disburse Senate President	ment For: Primary Other (spe	2018 <b>X</b> General		500.00
Sta			ony)		Memo Item
	I Name (Last, First, Middle Initial) ackett for Ohio	Date of Disbursement			
Ma	iling Address 2050 Palouse Drive	06 13 2018			
City	y ndon	State OH	Zip Code 43140		FEC Identification Number
Ca	Purpose of Disbursement     Campaign Contribution       Candidate Name     Candidate Name				<b>Transaction ID : SB29.27960</b> Amount of Each Disbursement this Period
Offi	ice Sought: House Disburse	1000.00			
Sta	te: District:	Primary General Other (specify)			Memo Item
	TOTAL of Diskumentary This Data (a. 1)			I	1750.00
	TOTAL of Disbursements This Page (optional).				4750.00