Image# 201901219143900921				PAGE 1 / 51
	EPORT OF REC ND DISBURSEN Other Than An Authorized	IENTS	Office U	se Only
1. NAME OF TYF COMMITTEE (in full)		nple: If typing, type the lines.	12FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different				
than previously reported. (ACC)	COLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUMB	SER ▼ CITY ▲	S		ZIP CODE
C C00336834	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On:	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	PRE-Election	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election on	M M / D D /	YYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 27 2018	through 12	/ D D / Y Y 31 20	Y Y 18
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my know Moore, Marchelle, , ,	vledge and belief it is true	e, correct and comple	te.
	archelle, , ,	[Electronically Filed]	ate 01 / 21	
NOTE: Submission of false, erroneous	, or incomplete information may su	bject the person signing th	is Report to the penalti	ies of 52 U.S.C. § 3010
Office Use Only				FORM 3X Rev. 05/2016

01/21/2019 14 : 03

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	Report Covering the Period: From:	/ 27 / 2018 To	b: 12 / D D / Y Y Y Y Y 12 31 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	43230.65	
	(c) Total Receipts (from Line 19)	4315.00	30285.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	47545.65	78486.36
7.	Total Disbursements (from Line 31)	12.50	30953.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47533.15	47533.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

R	eport Covering the Period: From:	/ 27 / 2018 To	b: 12 31 2018
	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)	4255.00	20205.00
	(ii) Unitemized	60.00	10080.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4315.00	30285.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)►	4315.00	30285.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))▶	4315.00	30285.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	4315.00	30285.00

-7

Page 3

-7

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
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	12.50	2753.21				
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	12.50	2753.21				
Transfers to Affiliated/Other Party Committees		0.00				
Contributions to Federal Candidates/Committees	0.00					
and Other Political Committees Independent Expenditures	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				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs) (d) Total Contribution Refunds	0.00	0.00				
(add Lines 28(a), (b), and (c))	0.00	0.00				
Other Disbursements (Including						
Non-Federal Donations)	0.00	28200.00				
Federal Election Activity (52 U.S.C. § 3010 (a) Allocated Federal Election Activity (from Schedule H6)	1(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				
Tatal Disburgements (add Lings 01(s) 20						
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12.50	30953.21				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12.50	20052.24				
	7 7 7	30953.21				

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/COLUMN ACOLUMN EOperating ExpendituresTotal This PeriodCalendar Year-to	Page 5
	-
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30285.
34. Total Contribution Refunds (from Line 28(d))	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 4315.00	30285
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2753.
37. Offsets to Operating Expenditures (from Line 15, page 3) 0.00	0

38. Net Operating Expenditures (subtract Line 37 from Line 36)

1 .	_	_	_	_	_	_	4315.00
la de la companya de		-			-		4313.00
100							
							12.50
	1	-7	1		-7	1	1 49 1
1.1.1							
	_		_	_		_	0.00
		-7			-7		
							12.50
L					-		12.50

30285.00 7 0.00 -7 30285.00 - 7 2753.21 0.00 - 7

2753.21

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ITEIWIZED REGEIFIS		for each category of the Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUN	D							
Full Name of Individual (Last, First, Middle A. Agan, Michael, J., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 11 30 2018							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28543 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 Deduction							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00								
Full Name of Individual (Last, First, Middle Agan, Michael, J., , Mailing Address 5658 Tynecastle Loop	e Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 14 2018 Transaction ID : SA11AL28556							
Dublin FEC ID number of contributing federal political committee.	С	43016	Amount of Each Receipt this Period 40.00 Memo Item Payroll Deduction							
Name of Employer (for Individual) Motorists Life Insurance Compa		upation (for Individual) sident MLIC								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name of Individual (Last, First, Middle C. Agan, Michael, J., ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5658 Tynecastle Loop			12 28 2018							
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28604 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 Receipt For:	Pres	upation (for Individual) ident MLIC	Memo Item Payroll Deduction							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00								
SUBTOTAL of Receipts This Page (optional			120.00							
TOTAL This Period (last page this line num	ber only)		▶ <u>• • • • • • • • • • • • • • • • • • •</u>							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
IIEIWIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	SURANCE CC	MPANY CIVIC FUND								
Full Name of Individual (Last, First, Mic A. Ashcraft, David, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1323 Ada Lane			11 30 2018							
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.28519 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Motorists Insurance	Occu VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
Full Name of Individual (Last, First, Mic B. Ashcraft, David, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1323 Ada Lane			12 14 2018							
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.28557 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) Motorists Insurance	Occi VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]							
Full Name of Individual (Last, First, Mic C. Ashcraft, David, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1323 Ada Lane			12 / D D / Y Y Y Y 28 2018							
City Naperville	State IL	Zip Code 60540	Transaction ID : SA11AI.28605 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Motorists Insurance	Occu VP	pation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]							
SUBTOTAL of Receipts This Page (optio	nal)		75.00							
TOTAL This Period (last page this line n	umber only)									

SCHEDULE A (FEC Form 3X)

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8 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(checl	(check only one)							
11			for each category of the Detailed Summary Page		1a 3	\vdash	11b	11c		2 6	17	
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	person for	the	purp	ose of	soliciting	g cont	ributio	ons	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUNE)								
A.	Full Name of Individual (Last, First, Middle Init Begley, Jolie, , ,	ial) or Full O	rganization Name	Da	te of	Rec	ceipt					
	Mailing Address 2645 McVey Blvd West			Ň	11 ^M	/	30	/ Y	y 201	8		
	City Columbus	State OH	Zip Code 43235					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					y			15.00)	
	Name of Employer (for Individual) Motorists Insurance Group	AVP		Pay	Me roll D		Item ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
в.	Full Name of Individual (Last, First, Middle Init Begley, Jolie, , , Mailing Address 2645 McVey Blvd West	rganization Name		te of 12	Rec	ceipt	/ Y	201				
	City Columbus	State OH	Zip Code 43235		rans		on ID :	SA11AL	28558			
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period)		
	Name of Employer (for Individual) Motorists Insurance Group	Occi AVF	upation (for Individual)	Pay	Me roll D		Item ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]								
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Begley, Jolie, , ,	ial) or Full O	rganization Name	Da	te of	Rec	ceipt					
	Mailing Address 2645 McVey Blvd West		N	12 ^M	/	28	/ Y	y 201				
	Columbus	State OH	Zip Code 43235					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С			_		y	, y		15.00)	
	Name of Employer (for Individual) Motorists Insurance Group Receipt For:	AVP		Pay	Me roll D		Item ction					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]								
	UBTOTAL of Receipts This Page (optional)				-		9			45.00)	

SCHEDULE A (FEC Form 3X)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 51 (check only one)	
		for each category of the Detailed Summary Page	\mathbf{X} 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Report for commercial purposes, other that	orts and Statements manual orts and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL	INSURANCE CO	OMPANY CIVIC FUND		
Full Name of Individual (Last, First, Benintendi, Jeff, , ,	,	rganization Name	Date of Receipt	
Mailing Address 5658 Tynecastle Li	State	Zip Code	11 30 2018	
Dublin	OH	43016	Transaction ID : SA11AI.28529 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer (for Individual) Motorists Insurance	Occ	upation (for Individual)	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]	
Full Name of Individual (Last, First, B. Benintendi, Jeff, , ,		rganization Name	Date of Receipt	
Mailing Address 5658 Tynecastle Lo	Mailing Address 5658 Tynecastle Loop			
City Dublin	State OH	Zip Code 43016	Transaction ID : SA11AI.28559 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C			
Name of Employer (for Individual) Motorists Insurance	Occ EVI	upation (for Individual) >	Payroll Deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]	
Full Name of Individual (Last, First, Benintendi, Jeff, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt	
Mailing Address 5658 Tynecastle L	bop State	Zip Code	12 28 2018 Torrection ID - CAMAD 20207	
City Dublin	OH	43016	Transaction ID : SA11AI.28607 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual)	Memo Item Payroll Deduction	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00]	
SUBTOTAL of Receipts This Page (c	ptional)		150.00	
TOTAL This Period (last page this lin	e number only)			

SCHEDULE A (FEC Form 3X)

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17			Use separate schedule(s)	(ch	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\square	11b	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		ose of	soliciting	contribu	itions		
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND)								
A.	Full Name of Individual (Last, First, Middle Initia Bills, Alissa, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt					
	Mailing Address 5300 Snider Loop				м м 11	/	30	/ Y	у у 2018	Y		
	City New Albany	State OH	Zip Code 43054					SA11AI.: eceipt th	28505 is Perioc			
	FEC ID number of contributing federal political committee.	C					y		15	.00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P Marketing	F	Me Payroll D		Item ction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]								
B.	Full Name of Individual (Last, First, Middle Initia Bills, Alissa, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt					
	Mailing Address 5300 Snider Loop				12 14 2018 Transaction ID : SA11AL28560							
	New Albany	ОН	43054				-	-	is Perioc			
	FEC ID number of contributing federal political committee.	C			15.00							
	Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing			Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]								
с.	Full Name of Individual (Last, First, Middle Initia Bills, Alissa, , ,	al) or Full Or	rganization Name		Date of	Red	ceipt					
	Mailing Address 5300 Snider Loop					/	D D D 28		ү ү 2018	Y		
	City New Albany	State OH	Zip Code 43054					SA11AI. eceipt th	28608 is Perioc			
	FEC ID number of contributing federal political committee.	С					y	15	.00			
Name of Employer (for Individual) Motorists Mutual Insurance Co.			upation (for Individual) Marketing	F	Me Payroll D		Item ction					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00									
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	45.	00		
т	OTAL This Period (last page this line number or	וy)		•			, .	- T				

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVILLED 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 to solicit contributions from such committee.							
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL IN	SURANCE CO	MPANY CIVIC FUND)							
Full Name of Individual (Last, First, M Bright, Jon, A., Mr.,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4915 Norfolk Place			11 30 Y Y Y Y Y 2018							
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28522 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occi Sr. V	upation (for Individual) V.P.	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, M B. Bright, Jon, A., Mr.,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4915 Norfolk Place	Chata	Zin Oode	12 / D D / Y Y Y Y 14 2018							
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28562 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Iowa Mutual Ins. Co.		upation (for Individual) V.P.	Memo Item Payroll Deduction							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		375.00]							
Full Name of Individual (Last, First, M Bright, Jon, A., Mr.,	ddle Initial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4915 Norfolk Place									
City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.28610 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]							
SUBTOTAL of Receipts This Page (opti-	, onal)		45.00							
TOTAL This Period (last page this line r	number only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 12 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page	2	4 11a 13		11b 14	11c 15	12	r	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and a	y not be sold or used by any p ddress of any political committee	erson e to s	for the	purp ntrib	oose of	soliciting	, contr	ibutic	ns
$\left \right\rangle$	MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND)							
Α.	Full Name of Individual (Last, First, Middle Ini Brock, Thomas, J., ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 60 E. Spring St. #326				M M 11	/	D D 30	/ Y	2018		
	City Columbus	State OH	Zip Code 43215	_				SA11AI.		iod	
	FEC ID number of contributing federal political committee.	С						-		15.00)
	Name of Employer (for Individual)	Occu Asst	upation (for Individual)		M Payroll D		Item				
	Motorists Mutual Ins Co Receipt For:		Year-to-Date ▼		-ayroli L	eau	ICTION				
	Primary General Other (specify) ▼	Aggregate	360.00]							
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name								
В.	Brock, Thomas, J., ,				Date of	Re	·				
	Mailing Address 60 E. Spring St. #326	State	Zip Code		12	/	D D D 14	/ Y	2018		
	City Columbus	OH	43215					SA11AL: eceipt th			
	FEC ID number of contributing federal political committee.	С				. 01				15.00)
	Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) t. VP	ividual) Memo Item Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]							
С.	Full Name of Individual (Last, First, Middle Ini Brock, Thomas, J., ,	tial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 60 E. Spring St. #326				12 ^M	/	28	JL	2018	3	
	City Columbus	State OH	Zip Code 43215	-			-	SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9		15.00)
Motorists Mutual Ins Co Ass			upation (for Individual) . VP		M Payroll [ttem ttion				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			▶ - ▶			,			45.00	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

IT.			Use separate schedule(s)		(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b	11c	12	Г	17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the p	ourpo	ose of	soliciting	contri	butio	ns
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	OMPANY CIVIC FUND)							
Α.	Full Name of Individual (Last, First, Middle Init Campbell, Grady, , Mr.,	ial) or Full O	rganization Name	Da	te of	Rec	eipt				
	Mailing Address 5760 Whispering Trail			M	11 [™]	/	D D D 30	/ Y	2018		1
	City Galena	State OH	Zip Code 43021					SA11AI.		od	
	FEC ID number of contributing federal political committee.	С						y -	2	25.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Pay	Me roll D	emo educ					
	Receipt For: Primary General Other (specify) \forall	Aggregate	Year-to-Date ▼ 600.00]							
B.	Campbell, Grady, , Mr., Mailing Address 5760 Whispering Trail	ial) or Full O	rganization Name	_	te of	Rec	D D	/ Y	2040	Y Y	1
	City	State OH	Zip Code					SA11AL		-	
	Galena FEC ID number of contributing federal political committee.	С	43021	Am	iount	of E	ach Re	eceipt th		od 25.00	
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP Marketing Services & PL	Pay	Me oll De	emo educ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]							
С.	Full Name of Individual (Last, First, Middle Init Campbell, Grady, , Mr.,	ial) or Full O	rganization Name	Da	te of	Rec	eipt				
	Mailing Address 5760 Whispering Trail			M	12 [™]	/	D D 28	/ Y	2018		
	City Galena	State OH	Zip Code 43021					SA11AI. eceipt th		od	
	FEC ID number of contributing federal political committee.					,		, y	2	25.00	
Motorists Mutual Ins. Co. Sr		Sr. V	upation (for Individual) /P Marketing Services & PL	Pay	Me roll D	emo educ					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00]							
	UBTOTAL of Receipts This Page (optional)				-				7	5.00	-

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
	13	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.					
NAME OF COMMITTEE	^(In Full) JTUAL INSURANCE C	OMPANY CIVIC FUN	ID					
Full Name of Individual (A. Craig, Camille, , Mrs.	Last, First, Middle Initial) or Full	Organization Name	Date of Receipt					
Mailing Address 4282 Hu	Ints Drive		11 30 / Y Y Y Y Y 11 30 2018					
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28511 Amount of Each Receipt this Period					
FEC ID number of contri federal political committe	ů – L		15.00					
Name of Employer (for la Motorists Life Ins. Co.	,	ccupation (for Individual) ssistant Vice President Life Adm.	Memo Item Payroll Deduction					
Receipt For: Primary □ 0 Other (specify) ▼	ieneral Aggregat	te Year-to-Date ▼ 360.00						
B. Craig, Camille, , M		Organization Name	Date of Receipt					
Mailing Address 4282 Hu	nts Drive	Zip Code	12 14 2018					
Gahanna	OH	43230	Transaction ID : SA11AI.28565 Amount of Each Receipt this Period					
FEC ID number of contri federal political committe	ů.		15.00					
Name of Employer (for I Motorists Life Ins. Co.	,	ccupation (for Individual) ssistant Vice President Life Adm.	Memo Item Payroll Deduction					
Receipt For:		e Year-to-Date ▼						
Other (specify) ▼	ieneral	375.00						
c. Craig, Camille, , N		Organization Name	Date of Receipt					
Mailing Address 4282 Hu			12 / D D / Y Y Y Y 12 28 2018					
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28613 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.			15.00					
Motorists Life Ins. Co.			Payroll Deduction					
Receipt For: Primary G Other (specify)	ieneral Aggregat	te Year-to-Date ▼ 390.00						
SUBTOTAL of Receipts Th	is Page (optional)		45.00					
TOTAL This Period (last p	age this line number only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
ILEIVILLED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 16					
			13 14 15 16 erson for the purpose of soliciting contributions 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 . Eppley, Jason, M, Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7918 Brianna Drive			M M / D D / Y Y Y Y Y 11 30 2018					
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28526 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	AVF	upation (for Individual) 9, Commercial Production & Servi	Ce Payroll Deduction					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00						
Full Name of Individual (Last, First, Mide B. Eppley, Jason, M, Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7918 Brianna Drive	Ctoto	Zin Code	12 D D / Y Y Y Y 12 14 2018					
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28566 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) ⁹ , Commercial Production & Servi	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]					
Full Name of Individual (Last, First, Mide C. Eppley, Jason, M, Mr.,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 7918 Brianna Drive			12 / D D / Y Y Y Y 28 2018					
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28614 Amount of Each Receipt this Period					
Motorists Mutual Insurance Co AVP, C			15.00					
		upation (for Individual) , Commercial Production & Servio	Det Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	1					
SUBTOTAL of Receipts This Page (option	al)	•••••	45.00					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 OF 51 (check only one)					
ITEMIZED RECEIPTS			for each category of the	(check only one)					
			Detailed Summary Page	13 14 15 16 17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN								
Α.	Full Name of Individual (Last, First, Middle Initia Fallen, Hope, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2642 Blue Lick Rd.	State	Zip Code	11 30 2018 Transaction ID : SA11AI.28525					
	Winfield	WV	25213	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) Motorists Insurance Group	Occi AVF	upation (for Individual)	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00						
в.	Full Name of Individual (Last, First, Middle Initia Fallen, Hope, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2642 Blue Lick Rd.			12 14 Y Y Y Y Y 12 14 2018					
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28567 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) Motorists Insurance Group	Occ AVF	upation (for Individual) >	Memo Item Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		350.00						
C.	Full Name of Individual (Last, First, Middle Initia Fallen, Hope, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2642 Blue Lick Rd.	1		12 28 2018					
	City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28615 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
Motorists Insurance Group AVP		upation (for Individual)	Payroll Deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00						
s	UBTOTAL of Receipts This Page (optional)		•••••••••••••••••	75.00					
т	OTAL This Period (last page this line number on	ıly)	•						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 17 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CO	OMPANY CIVIC FUND						
Full Name of Individual (Last, First, Middle A. Fee, Jeffrey, S, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 537 Courtright Court			11 30 / Y Y Y Y 2018					
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28527 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. Co.		upation (for Individual) t Vice President Commercial Line	Memo Item S Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fee, Jeffrey, S, , Mailing Address 537 Courtright Court			Date of Receipt					
City Pickerington	State	Zip Code 43147	12 14 2018 Transaction ID : SA11AI.28568 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) t Vice President Commercial Line	Memo Item s Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]					
Full Name of Individual (Last, First, Middle C. Fee, Jeffrey, S, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 537 Courtright Court			12 28 / Y Y Y Y 2018					
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28616 Amount of Each Receipt this Period					
Motorists Mutual Ins. Co. Ass			15.00					
		upation (for Individual) Vice President Commercial Line	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	1					
SUBTOTAL of Receipts This Page (optional)		45.00					
TOTAL This Period (last page this line num	ber only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		r	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson fo e to solid	r the	pur ntrib	pose of	soliciting	g contr	ributio	ons
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name of Individual (Last, First, Middle Init Feldner, Cynthia, , ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt				
	Mailing Address 5367 Stotlz Ave				11 ^M	/	30	/ Y	y 201		
	City Groveport	State OH	Zip Code 43125					SA11AI.			
	FEC ID number of contributing federal political committee.	С								15.00)
	Name of Employer (for Individual)		upation (for Individual) P Accounting				b Item				
	Motorists Mutual Ins. Co. Receipt For:	I	5		yroli L	Jeau	uction				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name								
В.	Feldner, Cynthia, , ,			D	ate of	f Re	eceipt				
	Mailing Address 5367 Stotlz Ave				12	/	D D D 14	/ Y	2018		
	City Groveport	State OH	Zip Code 43125					SA11AI.			
	FEC ID number of contributing federal political committee.	С			noun			eceipt th		100 15.00)
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) P Accounting	Pay			ttem tion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1							
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Feldner, Cynthia, , ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt				
	Mailing Address 5367 Stotlz Ave			Тг	12	/	28	/ Y	2018		7
	City Groveport	State OH	Zip Code 43125					SA11AI.			_
	FEC ID number of contributing federal political committee.	С			noun					15.00)
	Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) Accounting	Pa			o Item uction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00								
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SCHEDULE A (FEC Form 3X)

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PAGE 19 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	Image: 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)	URANCE CC	MPANY CIVIC FUN	כ					
Full Name of Individual (Last, First, Midd A. Fullenkamp , Joseph, P, ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3123 Summit Street			M M / D D / Y Y Y Y 11 30 2018					
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28531 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occi Asst	upation (for Individual) : VP	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00						
Full Name of Individual (Last, First, Midd Fullenkamp, Joseph, P, , Mailing Address 3123 Summit Street	le Initial) or Full O	rganization Name	Date of Receipt					
City	State	Zip Code	12 14 2018 Transaction ID : SA11AI.28570					
Columbus FEC ID number of contributing federal political committee.	ОН	43202	Amount of Each Receipt this Period					
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) t VP	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00						
Full Name of Individual (Last, First, Midd C. Fullenkamp, Joseph, P, ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3123 Summit Street			12 / D D / Y Y Y Y Y 28 2018					
City Columbus	State OH	Zip Code 43202	Transaction ID : SA11AI.28618 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		15.00					
Name of Employer (for Individual) Motorists Mutual Insurance Co.	Asst		Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00						
SUBTOTAL of Receipts This Page (optional	al)		45.00					
TOTAL This Period (last page this line nun	nber only)		▶ <u>• • • • • • • • • • • • • • • • • • •</u>					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions be 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. Gandee, Stephen, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 96 Pleasant Colony Dr			M M / D D / Y Y Y Y 12 14 2018				
City Evans	State WV	Zip Code 25241	Transaction ID : SA11AI.28571 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Brickstreet Insurance	Occ	upation (for Individual)	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]				
Full Name of Individual (Last, First, Middle Gandee, Stephen, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 96 Pleasant Colony Dr	Otata	Zip Code	12 / D D / Y Y Y Y 12 28 2018				
City Evans	State WV		Transaction ID : SA11AI.28619 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Brickstreet Insurance	Occ AVI	upation (for Individual) P	Memo Item Payroll Deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]				
Full Name of Individual (Last, First, Middle C. Gilmore, Amy, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 3500 Leap Rd.			M M / D D / Y Y Y Y 11 30 2018				
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28506 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Motorists Insurance Group	Occ VP	upation (for Individual)	Payroll Deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00]				
SUBTOTAL of Receipts This Page (optional)			55.00				
TOTAL This Period (last page this line numb	per only)						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIPIS		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	INSURANCE CC	MPANY CIVIC FUND)					
Full Name of Individual (Last, Fir: A. Gilmore, Amy, , ,	st, Middle Initial) or Full Or	rganization Name	Date of Receipt					
Mailing Address 3500 Leap Rd.			12 14 2018					
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28572 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual Motorists Insurance Group) Occu VP	pation (for Individual)	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]					
Full Name of Individual (Last, Fir: B. Gilmore , Amy, , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3500 Leap Rd.			12 / D D / Y Y Y Y Y 28 2018					
City Hilliard	State	Zip Code 43026	Transaction ID : SA11AI.28620 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual Motorists Insurance Group) Occu VP	upation (for Individual)	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]					
Full Name of Individual (Last, Fire C. Graham, Elizabeth , , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3128 Ellis Place			11 / D D / Y Y Y Y 2018					
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.28508 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual Motorists Mutual Ins. Company		ipation (for Individual) Personal Lines Underwriting	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]					
SUBTOTAL of Receipts This Page	(optional)		65.00					
TOTAL This Period (last page this	line number only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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PAGE 22 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	IRANCE CO	MPANY CIVIC FUN	D					
Full Name of Individual (Last, First, Middle A. Graham, Elizabeth, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3128 Ellis Place			12 14 2018					
City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.28573 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) P Personal Lines Underwriting	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00						
Full Name of Individual (Last, First, Middle Graham, Elizabeth , , , Mailing Address 3128 Ellis Place	Initial) or Full O	rganization Name	Date of Receipt					
City Columbus	State	Zip Code 43204	12 28 2018 Transaction ID : SA11AI.28621					
FEC ID number of contributing federal political committee.	С	43204	Amount of Each Receipt this Period					
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) P Personal Lines Underwriting	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 390.00						
Full Name of Individual (Last, First, Middle C. Guanciale, Dino, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4819 St. Andrews Circle			11 / D D / Y Y Y Y 11 30 2018					
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28520 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 Co. Receipt For:	Occupation (for Individual) Asst. VP		Payroll Deduction					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00						
SUBTOTAL of Receipts This Page (optional))		45.00					
TOTAL This Period (last page this line numb	per only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	IRANCE CO	OMPANY CIVIC FUNI)					
Full Name of Individual (Last, First, Middle A. Guanciale, Dino, , ,	Initial) or Full O	Prganization Name	Date of Receipt					
Mailing Address 4819 St. Andrews Circle			M M / D D / Y Y Y Y 12 14 2018					
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28574 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) t. VP	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00						
Full Name of Individual (Last, First, Middle B. Guanciale, Dino, , , Mailing Address 4819 St. Andrews Circle	Initial) or Full O	rganization Name	Date of Receipt					
City Westerville	State OH	Zip Code 43082	12 28 2018 Transaction ID : SA11AI.28622 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 Co.		upation (for Individual) st. VP	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00						
Full Name of Individual (Last, First, Middle C. Hall, Marc S., , ,	Initial) or Full O	organization Name	Date of Receipt					
Mailing Address 5999 Lane Road			11 / D D / Y Y Y Y Y 11 30 2018					
City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.28539 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 Receipt For:	Assi	upation (for Individual) ist. V. P.	Payroll Deduction					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00						
SUBTOTAL of Receipts This Page (optional))		▶ 45.00					
TOTAL This Period (last page this line num	per only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

SCHEDULE A (FEC Form 3	Use separate schedule(
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by a not be sold or used by a not be sold or used by a	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	SURANCE COMPANY CIVIC FL	
Full Name of Individual (Last, First, Mid A. Hall, Marc S., , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5999 Lane Road	State Zip Code	12 14 2018 Transaction ID : SA11AI.28575
Centerburg	OH 43011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name of Individual (Last, First, Mid B. Hall, Marc S., , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5999 Lane Road		12 28 2018
City Centerburg	State Zip Code OH 43011	Transaction ID : SA11AI.28623 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	Occupation (for Individual) Assist. V. P.	Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	0
Full Name of Individual (Last, First, Mid C. Henderson, Thomas, J., ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 9725 Wagonwood Drive		11 / D D / Y Y Y Y Y 11 30 2018
City Pickerington	StateZip CodeOH43147	Transaction ID : SA11AI.28528 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Assist. V. P., Claims	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	D
SUBTOTAL of Receipts This Page (option	al)	45.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full)									
	ANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle Ir A. Henderson, Thomas, J., ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9725 Wagonwood Drive			12 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28576 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. Co.	Ass	ist. V. P., Claims	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date V							
Primary General		375.00	1						
Other (specify) ▼		7 7 7	1						
Full Name of Individual (Last, First, Middle Ir B. Henderson, Thomas, J., ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9725 Wagonwood Drive			12 28 2018						
City	State	Zip Code	Transaction ID : SA11AI.28624						
Pickerington	OH	43147	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		Memo Item Payroll Deduction						
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) ist. V. P., Claims							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		390.00]						
Full Name of Individual (Last, First, Middle Ir C. Hennen, Kirk, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2860 Wynridge Drive			11 30 / Y Y Y Y 2018						
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28534						
		43123	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Motorists Mutual Insurance Co		P, Sales - West Zone	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		480.00]						
SUBTOTAL of Receipts This Page (optional)	1	•	50.00						
TOTAL This Period (last page this line number									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL IN	SURANCE CC	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Mid A. Hennen, Kirk, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2860 Wynridge Drive			12 14 2018						
City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.28577 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	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name of Individual (Last, First, Mid Hennen, Kirk, , , Mailing Address 2860 Wynridge Drive	ddle Initial) or Full O	rganization Name	Date of Receipt						
City Grove City	State	Zip Code 43123	12 28 2018 Transaction ID : SA11AI.28625 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, Sales - West Zone	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]						
Full Name of Individual (Last, First, Mid Howat, James, Christopher,		rganization Name	Date of Receipt						
Mailing Address 250 Daniel Burnham S			M M / D D / Y Y Y Y 11 30 2018						
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28513 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Motorists Insurance	Occu EVP	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]						
SUBTOTAL of Receipts This Page (optic	nal)		90.00						
TOTAL This Period (last page this line n	umber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

		Use separate schedule(s)	(check only one)					
I LIVILLU RECEIFIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND						
Full Name of Individual (Last, First, Middle I A. Howat, James, Christopher, ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 250 Daniel Burnham Sq Uni	t 504		M M / D D / Y Y Y Y 12 14 2018					
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28578 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Motorists Insurance	Occu	upation (for Individual) o	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]					
Full Name of Individual (Last, First, Middle I B. Howat, James, Christopher, ,		rganization Name	Date of Receipt					
Mailing Address 250 Daniel Burnham Sq Uni		Zin Code	12 / 28 / Y Y Y Y 12 28 2018					
City Columbus	State OH	Zip Code 43215	Transaction ID : SA11AI.28626 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Motorists Insurance	Occ EVF	upation (for Individual) >	Payroll Deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00						
Full Name of Individual (Last, First, Middle I C. Jeffers, Dan, E., Mr.,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6401 Rossmore Lane			11 30 2018					
City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.28517 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) st. V. P.	Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]					
SUBTOTAL of Receipts This Page (optional)			115.00					
TOTAL This Period (last page this line numbe	er only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

IT.			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15		r	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committe	erson fo	r the	pur ntrib	pose of	soliciting	g contr	ibutic	ns
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND)							
<u>А.</u>	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr.,	ial) or Full O	Organization Name	Di	ate o	f Re	eceipt				
	Mailing Address 6401 Rossmore Lane				12	/	D D 14	/ Y	201	ү ү 8	
	City Canal Winchester	State OH	Zip Code 43110					SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С								15.00)
	Name of Employer (for Individual) Motorists Mutual Ins Company Receipt For:	Assi	upation (for Individual) ist. V. P.	Pay			ttem uction				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]							
В.	Full Name of Individual (Last, First, Middle Init Jeffers, Dan, E., Mr., Mailing Address 6401 Rossmore Lane	ial) or Full O	Organization Name	_	M M	f Re	eceipt	/ Y		Y = Y	7
	City	State Zip Code			12 28 2018 Transaction ID : SA11AI.28627						
	Canal Winchester	OH	43110	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.0				15.00)		
	Name of Employer (for Individual) Motorists Mutual Ins Company		upation (for Individual) sist. V. P.	Pay			ttem uction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]							
С.	Full Name of Individual (Last, First, Middle Init Jones, Jessica, , Ms,	ial) or Full O	Organization Name	Da	ate o	f Re	eceipt				
	Mailing Address 120 E. Dominion Blvd				M M / D D / Y Y Y Y 11 30 2018						
	City Columbus	State OH	Zip Code 43214					SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С					, , ,		15.00)	
	Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVP	upation (for Individual) P, Commercial Lines	Pa			o Item uction				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]							
⊢	UBTOTAL of Receipts This Page (optional)				-	_	,	,		45.00	
1'	OTAL This Period (last page this line number of	y)	····· J	• L	1.0	1	-		al and a second s	-	-

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 29 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 be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. Jones, Jessica, , Ms,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 120 E. Dominion Blvd			12 14 2018						
City Columbus	State OH	Zip Code 43214	Transaction ID : SA11AI.28580 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co. Receipt For:	AVF	upation (for Individual) 9, Commercial Lines	Memo Item Payroll Deduction						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00							
Full Name of Individual (Last, First, Middle B. Jones, Jessica, , Ms, Mailing Address 120 E. Dominion Blvd	Initial) or Full O	rganization Name	Date of Receipt						
City Columbus	State OH	Zip Code 43214	12 28 2018 Transaction ID : SA11AI.28628 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Motorists Mutual Insurance Co.		upation (for Individual) P, Commercial Lines	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]						
Full Name of Individual (Last, First, Middle C. Kaufman, David L., , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7925 Greenside Lane			11 / D D / Y Y Y Y Y 2018						
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.28518 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Motorists Mutual Ins Co Receipt For:	Exec	upation (for Individual) cutive VP & COO	Payroll Deduction						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1490.00							
SUBTOTAL of Receipts This Page (optional))		130.00						
TOTAL This Period (last page this line numb	per only)								

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and	d Statements ma	ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND							
Full Name of Individual (Last, First, Middle Kaufman, David L., , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7925 Greenside Lane			12 14 Y Y Y Y 2018						
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.28581 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Motorists Mutual Ins Co	Exe	cutive VP & COO	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			1						
Other (specify) ▼		1590.00	1						
Full Name of Individual (Last, First, Middle B. Kaufman, David L. , , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7925 Greenside Lane			12 28 2018						
City	State	Zip Code	Transaction ID : SA11AI.28629						
Worthington	ОН	43235	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00 Memo Item Payroll Deduction						
Name of Employer (for Individual) Motorists Mutual Ins Co		upation (for Individual) acutive VP & COO							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		1690.00]						
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			11 / D D / Y Y Y Y Y 11 30 2018						
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28532						
	0	10001	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Motorists Mutual Ins. Co.	VP a	and CIO	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		480.00	1						
SUBTOTAL of Receipts This Page (optional)			220.00						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 31 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE								
Full Name of Individual (Last, First, Mido A. Kessler, John C., , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y 12 14 2018							
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28582 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 Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
Full Name of Individual (Last, First, Mide B. Kessler, John C., , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3910 Caswell Road	Zin Oode	12 / D D / Y Y Y Y 12 28 2018								
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.28630 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 Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]							
Full Name of Individual (Last, First, Mido C. King, Teresa M., , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . King, Teresa M., , ,									
Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y 11 30 2018							
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28551 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		15.00							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) st. V. P.	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate]								
SUBTOTAL of Receipts This Page (option	al)		55.00							
TOTAL This Period (last page this line nur	mber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 32 OF 5 (check only one) 11a					
	Deta	ailed Summary Page	X 11a 11b 11c 12 13 14 15 16					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	-							
Full Name of Individual (Last, First, Mid A. King, Teresa M., , , Mailing Address 1139 Tidewater Court	dle Initial) or Full Organiza	tion Name	Date of Receipt					
City	· · · ·	o Code	12 14 2018 Transaction ID : SA11AI.28583					
Westerville	OH 4	13082	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. Co.	Occupation Assist. V. P	(for Individual)	Memo Item Payroll Deduction					
Receipt For:	Aggregate Year-to	-Date 🔻						
Other (specify) V		375.00]					
Full Name of Individual (Last, First, Mid B. King, Teresa M., , ,	dle Initial) or Full Organiza	tion Name	Date of Receipt					
Mailing Address 1139 Tidewater Court	M M / D D / Y Y Y Y 12 28 2018							
City		Code	Transaction ID : SA11AI.28631					
Westerville	OH 4	3082	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation Assist. V. F	(for Individual)	Memo Item Payroll Deduction					
	Aggregate Year-to	-Date 🔻						
Other (specify)		390.00]					
Full Name of Individual (Last, First, Mid C. Lawrence, Todd, , Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name							
Mailing Address 116 Clarke Lane			M M / D D / Y Y Y Y 11 30 2018					
City Hopkinton		0 Code 3229	Transaction ID : SA11AI.28554 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.	Occupation Sr. V.P.	(for Individual)	Memo Item Payroll Deduction					
Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 600.00]					
SUBTOTAL of Receipts This Page (option	nal)		55.00					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	17	
	y information copied from such Reports and Star for commercial purposes, other than using the n				for the		pose of	soliciting	g contri	butio	ns	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND)								
A.	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	l) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 116 Clarke Lane				12 ^M	1	D 14		2018		1	
	City Hopkinton	State NH	Zip Code 03229					SA11AI. Receipt th		od		
	FEC ID number of contributing federal political committee.	С							2	25.00		
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occu Sr. V	upation (for Individual) /.P.	F	Payroll D		ttem uction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]								
в.	Full Name of Individual (Last, First, Middle Initia Lawrence, Todd, , Mr.,	l) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 116 Clarke Lane				12 28 / Y Y Y Y 12 28							
	City Hopkinton	State NH	Zip Code 03229		Transaction ID : SA11AI.28632 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Sr. V.P.			25.00 Memo Item Payroll Deduction							
	Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.											
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00										
С.	Full Name of Individual (Last, First, Middle Initia Lisi, Michael, , ,	l) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 6740 Callaway Court				11 30 2018							
City Westerville		State OH	Zip Code 43082					SA11AI.		od		
	FEC ID number of contributing federal political committee.	С				. ,		5.00				
Name of Employer (for Individual) Motorists Mutual Ins. Company		Occupation (for Individual) Assist. V. P.			M Payroll D		ttem uction					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00										
s	UBTOTAL of Receipts This Page (optional)			•			, ,		6	5.00		
т	OTAL This Period (last page this line number on	ly)		•			-			-		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEVEIFIJ		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 INSU	JRANCE CO	MPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Middle A. Lisi, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 12 14 2018						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28585 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) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1						
Full Name of Individual (Last, First, Middle B. Lisi, Michael, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6740 Callaway Court	01-1-	7. 0.1	12 / 28 / Y Y Y 2018						
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.28633 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l								
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	1						
Full Name of Individual (Last, First, Middle	a Initial) or Full O		1						
c. Marshall, Brandon, , ,		Iganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			M M / D D / Y Y Y Y 11 30 2018						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28510 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	1						
SUBTOTAL of Receipts This Page (optiona	l)		55.00						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 35 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVILED RECEIFIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	URANCE CO	OMPANY CIVIC FUND	1						
Full Name of Individual (Last, First, Middl A. Marshall, Brandon, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			M M / D D / Y Y Y Y 12 14 2018						
City Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28586 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1						
Full Name of Individual (Last, First, Middl B. Marshall, Brandon, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 74 Cassidy Dr.			12 28 2018						
City _Winfield	State WV	Zip Code 25213	Transaction ID : SA11AI.28634 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
Full Name of Individual (Last, First, Midd C. McCormick, Terri, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5348 Westbrook Dr.			M M / D D / Y Y Y Y 11 30 2018						
City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28552 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Brick Street	Occ VP	upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00	1						
SUBTOTAL of Receipts This Page (optiona	al)		90.00						
TOTAL This Period (last page this line nun	nber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be 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 Initial) or Full Organization Name A. McCormick, Terri, , ,			Date of Receipt
Mailing Address 5348 Westbrook Dr.			12 14 2018
City Cross Lanes	State WV	Zip Code 25313	Transaction ID : SA11AI.28587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Brick Street	Occupation (for Individual) VP		Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCormick, Terri, , , Mailing Address 5348 Westbrook Dr.			Date of Receipt
City	State	Zip Code	12 28 2018 Transaction ID : SA11AL28635
Cross Lanes FEC ID number of contributing federal political committee.	WV 25313		Amount of Each Receipt this Period
Name of Employer (for Individual) Brick Street	Occupation (for Individual) VP		Memo Item Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
Full Name of Individual (Last, First, Middle C. McGee, Bill, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 48 E. Frankfort St.			11 / D D / Y Y Y Y 11 30 2018
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.28509 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Motorists Insurance	Occi SVP	upation (for Individual)	Payroll Deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 640.00		
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line num	per only)		

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
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 FUNE)						
Full Name of Individual (Last, First, Middle A. McGee, Bill, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			12 14 2018						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.28588 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Motorists Insurance	Occ SVF	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00]						
Full Name of Individual (Last, First, Middle B. McGee, Bill, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 48 E. Frankfort St.			12 / D D / Y Y Y Y Y 12 28 2018						
City Columbus	State OH	Zip Code 43206	Transaction ID : SA11AI.28636 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) Motorists Insurance	Occ SVI	upation (for Individual) >	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]						
Full Name of Individual (Last, First, Middle C. McGee-Brown, Yvette, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 643 Crossing Creek S.			12 / D D / Y Y Y Y 12 01 2018						
City Gahanna	State OH	Zip Code 43230	Transaction ID : SA11AI.28654 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occ Dire	upation (for Individual) ctor	Political contribution						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]						
SUBTOTAL of Receipts This Page (optional)			1080.00						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

IT!	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X 11a		1b 4	11c 15	12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAI		MPANY CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	rganization Name	Date o	of Rece	eipt					
	Mailing Address 2717 Gatewood Rd.			M N 11		30	/ Y	y y 2018	Y		
	City Columbus	State OH	Zip Code 43219				A11AI.	28538 is Period			
	FEC ID number of contributing federal political committee.	С					- 1	25.	00		
	Name of Employer (for Individual) Motorists Mutual Insurance Co Receipt For:	Chie	upation (for Individual) if Legal Officer Year-to-Date ▼	Payroll	lemo l Deduci						
	Primary General Other (specify) ▼		600.00								
B.	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	rganization Name	Date c	of Rece	eipt					
	Mailing Address 2717 Gatewood Rd.			12 14 2018							
	Columbus	State OH	Zip Code 43219	Transaction ID : SA11AI.28589 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	Occu Chie	Payroll I	lemo l Deduct							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 625.00								
с.	Full Name of Individual (Last, First, Middle Initia Moore, Marchelle, , ,	l) or Full Or	rganization Name	Date c	of Rece	eipt					
	Mailing Address 2717 Gatewood Rd.	1		12		D D 28	/ Y	2018 [°]	Y		
	City Columbus	State OH	Zip Code 43219				SA11AL	28637 is Period			
							9	25.	00		
			ıpation (for Individual) f Legal Officer	Payroll	/lemo I Deduc						
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 650.00									
s	UBTOTAL of Receipts This Page (optional)						9	75.0	00		
т	OTAL This Period (last page this line number on	ly)	>								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
TILIVIIZED RECEIFIS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	SURANCE CO	OMPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Mic A. Myles, Leslie, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place			11 30 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28536 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occi VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
Full Name of Individual (Last, First, Mic B. Myles, Leslie, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place	Otata	7. 0.4	12 / D D / Y Y Y Y 12 / 14 / 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28590 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer (for Individual) Brickstreet Insurance	Occ VP	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Full Name of Individual (Last, First, Mic C. Myles, Leslie, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 306 Schall Place			12 28 2018							
City Commercial Point	State OH	Zip Code 43116	Transaction ID : SA11AI.28638 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Brickstreet Insurance	Occu VP	upation (for Individual)	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
SUBTOTAL of Receipts This Page (optio	nal)		45.00							
TOTAL This Period (last page this line n	umber only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 40 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ILEIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
	NSURANCE CC	MPANY CIVIC FUNL)						
Full Name of Individual (Last, First, N A. Obrokta, TJ, , ,	Aiddle Initial) or Full O	rganization Name							
Mailing Address 8810 Ventura Way			Date of Receipt						
			11 <u>30</u> 2018						
City Dublin	State	Zip Code 43016	Transaction ID : SA11AI.28553						
		+3010	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		50.00						
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
Motorists Insurance Group	Pres	sident	Payroll Deduction						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		800.00	1						
			-						
Full Name of Individual (Last, First, N	/liddle Initial) or Full O	rganization Name							
B. Obrokta, TJ, , , Mailing Address 8810 Ventura Way			Date of Receipt						
			12 14 2018						
City	State	Zip Code	Transaction ID : SA11AI.28591						
Dublin	ОН	43016	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00 Memo Item Payroll Deduction						
Name of Employer (for Individual) Motorists Insurance Group		upation (for Individual) sident							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		850.00]						
Full Name of Individual (Last, First, M C. Obrokta, TJ, , ,	l Aiddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8810 Ventura Way			12 28 2018						
City	State	Zip Code	Transaction ID : SA11AI.28639						
Dublin	ОН	43016	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
Motorists Insurance Group Receipt For:		ident	Payroll Deduction						
Primary General	Aggregate	Year-to-Date ▼	-						
Other (specify)		900.00							
SUBTOTAL of Receipts This Page (opt	tional)		150.00						
TOTAL This Period (last page this line	,								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVILED 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 ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUNE)						
Full Name of Individual (Last, First, Midd Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4460 Swenson Street			11 30 / Y Y Y Y 11 30 2018						
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28541 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]						
Full Name of Individual (Last, First, Midd B. Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4460 Swenson Street			12 14 2018						
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28592 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) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 375.00]						
Full Name of Individual (Last, First, Midd C. Peacock, Mark, , Mr.,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4460 Swenson Street			12 28 2018						
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.28640 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00]						
SUBTOTAL of Receipts This Page (optiona	al)		45.00						
TOTAL This Period (last page this line nur	nber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 42 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 INS	SURANCE CO	MPANY CIVIC FUNI	כ						
Full Name of Individual (Last, First, Mid A. Puchala, Damian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y Y 11 30 2018						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28516 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Mid Puchala, Damian, , , Mailing Address 325 Olenview Circle	dle Initial) or Full O	rganization Name	Date of Receipt						
City Powell	State	Zip Code 43065	12 14 2018 Transaction ID : SA11AI.28594 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) ist. V. P.	Arrow Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00							
Full Name of Individual (Last, First, Mid C. Puchala, Damian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 325 Olenview Circle		I	12 / D D / Y Y Y Y Y 28 2018						
City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.28642 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Mutual Ins. Company		upation (for Individual) st. V. P.	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (option	nal)		▶ 45.00						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS	Use separate schedule(s)		(check only one)							
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		2 6	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson fo to sol	or the	pur ntrit	pose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CC	MPANY CIVIC FUND								
A.	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , ,	tial) or Full O	rganization Name	C	Date o	f Re	eceipt				
	Mailing Address 1026 Loch Ness Avenue				м м 11	/	D D 30	/ Y	ү 201	8	
	City Worthington	State OH	Zip Code 43085	A				SA11AI. eceipt th			
	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	Pa	M ayroll [o Item uction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
в.	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , , Mailing Address 1026 Loch Ness Avenue	tial) or Full O	rganization Name		Date o		D D	/ Y	Y		
	City	State OH	12 14 2018 Transaction ID : SA11AI.28595								
	Worthington FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period)		
	Name of Employer (for Individual) Motorists Mutual Ins. Company	Occi VP	Pa	Payroll Deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00								
С.	Full Name of Individual (Last, First, Middle Ini Rudowicz, Randolph A., , ,	tial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1026 Loch Ness Avenue				M M / D D / Y Y Y Y 12 28 2018						
	City Worthington	State OH	Zip Code 43085	A				SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С			_		y	, , , , , , , , , , , , , , , , , , ,		25.00)
	Name of Employer (for Individual) Motorists Mutual Ins. Company		Occupation (for Individual) VP Planning Prod & Svs				o Item uction				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00								
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					-	, . , .	, , ,		75.00	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 44 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I EIVILED KEGEIFIJ		for each category of the Detailed Summary Page	Image: 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	D						
Full Name of Individual (Last, First, Middle A. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			11 30 2018						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28507 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 Co.		upation (for Individual) istant VP	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle B. Slattery, Austin, , , Mailing Address 734 Prairie Run Dr.	Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	12 14 2018 Transaction ID : SA11AI.28596						
Sunbury FEC ID number of contributing federal political committee.	C	43074	Amount of Each Receipt this Period						
Name of Employer (for Individual) Motorists Mutual Ins Co.		upation (for Individual) istant VP	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]						
Full Name of Individual (Last, First, Middle C. Slattery, Austin, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 734 Prairie Run Dr.			12 / D D / Y Y Y Y 28 / 2018						
City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.28644 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 Co.		upation (for Individual) stant VP	Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (optional)			45.00						
TOTAL This Period (last page this line numb	per only)		▶ <u>• • • • • • • • • • • • • • • • • • •</u>						

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPT	-6	Use separate	(check only one)								
	3	for each categ Detailed Sumr		X 11a	11b	11c	12				
	such Reports and Statements other than using the name and										
NAME OF COMMITTEE (
	TUAL INSURANCE (COMPANY CI	VIC FUND								
Full Name of Individual (L A. Smithers, Ralph W., ,	ast, First, Middle Initial) or Full	Organization Name)	Data a	f Receipt						
Mailing Address 6418 Sun							YY	V			
				11	30		2018				
City	State	Zip Code			action ID :						
New Albany		43054		Amoun	t of Each R	eceipt th	is Period	_			
FEC ID number of contrib federal political committee	Ű,				<u> </u>	-	15.0	00			
Name of Employer (for Ind	dividual) O	ccupation (for Individ	dual)	М	emo Item						
Motorists Mutual Ins. Comp	oany V	P MAX Service		Payroll [Deduction						
Receipt For:	Aggrega	te Year-to-Date 🔻									
Other (specify)			360.00								
			40								
Full Name of Individual (L B. Smithers, Ralph W.,	ast, First, Middle Initial) or Full	Organization Name	•	Data a	f Doooint						
Mailing Address 6418 Sun			Date of Receipt								
					14		2018				
City	State				Transaction ID : SA11AI.28597						
New Albany	OH	43054		Amount of Each Receipt this Period							
FEC ID number of contrib federal political committee	Ű,		15.00								
Name of Employer (for Ind Motorists Mutual Ins. Comp		Occupation (for Individual) VP MAX Service			Payroll Deduction						
Receipt For:		te Year-to-Date 🔻									
Other (specify) ▼	eneral	4									
Full Name of Individual (L C. Smithers, Ralph W	ast, First, Middle Initial) or Full	Organization Name)	Date o	f Receipt						
Mailing Address 6418 Sur	nmers Nook Drive			12	/ D D 28	/ Y	2018	Y			
City	State OH	Zip Code			saction ID :						
New Albany		43054		Amoun	t of Each R	eceipt th	is Period	_			
FEC ID number of contrib federal political committee	Ű,			I L			15.0	00			
Name of Employer (for Ind		ccupation (for Individ	dual)		emo Item						
Motorists Mutual Ins. Comp Receipt For:	P MAX Service		Payroll [Deduction							
Primary Ge	te Year-to-Date ▼										
Other (specify)			390.00								
SUBTOTAL of Receipts This	s Page (optional)						45.0	00			
	ge this line number only)					, 					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	JRANCE CC	MPANY CIVIC FUNE)							
Full Name of Individual (Last, First, Middle A. Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6900 Kindler Drive			11 30 / Y Y Y Y 2018							
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28512 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 Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]							
Full Name of Individual (Last, First, Middle B. Stapleton, Charles D., , , Mailing Address 6900 Kindler Drive	e Initial) or Full O	Date of Receipt								
City	State	Zip Code	12 14 2018 Transaction ID : SA11AI.28598							
New Albany FEC ID number of contributing federal political committee.	ОН	43054	Amount of Each Receipt this Period							
Name of Employer (for Individual) Motorists Mutual Ins. Co.		upation (for Individual) VP CL & Affiliate Operations	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]							
Full Name of Individual (Last, First, Middle C. Stapleton, Charles D., , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6900 Kindler Drive			12 / D D / Y Y Y Y 28 2018							
City New Albany	State OH	Zip Code 43054	Transaction ID : SA11AI.28646 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.	Sr. V	upation (for Individual) /P CL & Affiliate Operations	Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00								
SUBTOTAL of Receipts This Page (optiona	l)		75.00							
TOTAL This Period (last page this line num	ber only)									

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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	I ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CO	OMPANY CIVIC FUND)							
Full Name of Individual (Last, First, Mide A. Walz, Chris, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address PO Box 832			M M / D D / Y Y Y Y 11 30 2018							
City Hurricane	State WV	Zip Code 25526	Transaction ID : SA11AI.28514 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.00							
Name of Employer (for Individual) Brickstreet Insurance	Occ AVF	upation (for Individual) o	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Mide Walz, Chris, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address PO Box 832	01-1-	Zu Ost	12 14 2018							
City Hurricane	State WV	Zip Code 25526	Transaction ID : SA11AI.28599 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.00							
Name of Employer (for Individual) Brickstreet Insurance	Occ AVI	upation (for Individual) >	Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]							
Full Name of Individual (Last, First, Mido C. Walz, Chris, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address PO Box 832			12 28 2018							
City Hurricane	State WV	Zip Code 25526	Transaction ID : SA11AI.28647 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		20.00							
Name of Employer (for Individual) Brickstreet Insurance	Occ AVF	upation (for Individual)	Memo Item Payroll Deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]							
SUBTOTAL of Receipts This Page (option	al)		60.00							
TOTAL This Period (last page this line nu	nber only)									

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Use separate schedule(s)

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	IVILLED RECEIPIO		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17			
	information copied from such Reports and Stat or commercial purposes, other than using the n				for the		pose of	soliciting	contribu	tions			
	IAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN		MPANY CIVIC FUND										
	Full Name of Individual (Last, First, Middle Initial Welch, Kyle, , ,) or Full Or	ganization Name		Date of	Re	ceipt						
N	Aailing Address 5375 Esplanade St.			11 30 2018									
City State OH Columbus OH			Zip Code 43221					SA11AI. Receipt th					
							-		10.	00			
Ν	Name of Employer (for Individual) Notorists Mutual Insurance Co		pation (for Individual) , Marketing Development	F	Me Payroll D		ttem tion						
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
B	ull Name of Individual (Last, First, Middle Initial Welch, Kyle, , , Jailing Address 5375 Esplanade St.) or Full Or	ganization Name	_	Date of	Re	ceipt) / Y	YYY	Y			
Ō	Dity Columbus	State	12 14 2018 Transaction ID : SA11AI.28600 Amount of Each Receipt this Period										
F	EC ID number of contributing ederal political committee.	OH 43221 C Occupation (for Individual) AVP, Marketing Development											
	Name of Employer (for Individual) Notorists Mutual Insurance Co				Payroll Deduction								
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 250.00										
	ull Name of Individual (Last, First, Middle Initial Welch, Kyle, , ,) or Full Or	ganization Name		Date of	Re	ceipt						
_	Aailing Address 5375 Esplanade St.				12 ^M	/	28		2018	Y			
	Columbus	State OH	Zip Code 43221	_				Receipt th					
Motorists Mutual Insurance Co					Ľ.	_	,	,	10.	00			
			Occupation (for Individual) AVP, Marketing Development				ttem uction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00										
su	BTOTAL of Receipts This Page (optional)		•				, .	. ,	30.	00			
то	TAL This Period (last page this line number on	ly)	•••••	-			.	· ·					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.						
Full Name of Individual (Last, First, Middle A. Wharton, Lisa, , Ms,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 616 Birghton St									
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28537 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
Full Name of Individual (Last, First, Middle B. Wharton, Lisa, , Ms,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 616 Birghton St	g Address 616 Birghton St								
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28601 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Mutual Insurance Co		upation (for Individual) P, IT EPMO	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00							
Full Name of Individual (Last, First, Middle C. Wharton, Lisa, , Ms,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 616 Birghton St	-								
City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.28649 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Motorists Mutual Insurance Co		upation (for Individual) , IT EPMO	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00							
SUBTOTAL of Receipts This Page (optional)		45.00						
TOTAL This Period (last page this line num	ber only)								

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Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL I	NSURANCE CO	MPANY CIVIC FUND							
Full Name of Individual (Last, First, Wieland, Steve, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt 11 30 2018 Transaction ID : SA11AI.28550 Amount of Each Receipt this Period 15.00						
Mailing Address 2811 Deverell Dr									
City Blacklick	State OH	Zip Code 43004							
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) Motorists Insurance Group Receipt For:	AVF	upation (for Individual) Year-to-Date ▼	Payroll Deduction						
Primary General Other (specify) ▼		210.00]						
Full Name of Individual (Last, First, B. Wieland, Steve, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wieland, Steve, , ,								
Mailing Address 2811 Deverell Dr	12 / D D / Y Y Y Y Y 12 14 2018								
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28602 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Motorists Insurance Group	Occi AVF	upation (for Individual)	Payroll Deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]						
Full Name of Individual (Last, First, Wieland, Steve, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wieland, Steve, , ,								
Mailing Address 2811 Deverell Dr	12 / D D / Y Y Y Y Y 28 2018								
City Blacklick	State OH	Zip Code 43004	Transaction ID : SA11AI.28650 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) Motorists Insurance Group	Occu AVP	upation (for Individual)	Memo Item Payroll Deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
SUBTOTAL of Receipts This Page (or	tional)		45.00						
TOTAL This Period (last page this line	number only)								

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Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 13	11b	11c	12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the					of solicitir				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CC	MPANY CIVIC FUND							
Α.	Full Name of Individual (Last, First, Middle Init Wilcox, Matt, , ,	ial) or Full O	Date of Receipt							
	Mailing Address 250 Daniel Burnham Sq Unit 308				11 30 / Y Y Y Y 11 30 2018					
	City Columbus	State OH	Zip Code 43215			D : SA11A		t		
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Осси	pation (for Individual)	Payroll Deduction						
	Motorists Insurance Group	EVP								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		800.00							
— B.	Full Name of Individual (Last, First, Middle Init Wilcox, Matt, , ,	ial) or Full O	rganization Name	Date o	of Receip	ıt				
	Mailing Address 250 Daniel Burnham Sq Unit 308					D / 14	2018	Y		
	City	State	Zip Code	Trans	saction I	D : SA11A	1.28603			
	Columbus	OH	43215	Amount of Each Receipt this				k		
	FEC ID number of contributing federal political committee.	C			-		50	.00		
	Name of Employer (for Individual) Motorists Insurance Group	Occi EVF	upation (for Individual)	Payroll Deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify) V		, 850.00							
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wilcox, Matt, , ,				of Receip	ıt				
	Mailing Address 250 Daniel Burnham Sq Unit 308				/ D	28 /	2018	Y		
	City Columbus	State OH	Zip Code 43215			ID : SA11A		4		
	FEC ID number of contributing federal political committee.	С			it of Eac			.00		
	Name of Employer (for Individual) Motorists Insurance Group	Occu EVP	pation (for Individual)	Payroll Deduction						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00								
s	UBTOTAL of Receipts This Page (optional)				. ,		150	.00		
т	OTAL This Period (last page this line number of	only)	•		-		4255	.00		