

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4315.00	30285.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4315.00	30285.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4315.00	30285.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	12.50	2753.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12.50	2753.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	28200.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12.50	30953.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12.50	30953.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4315.00	30285.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4315.00	30285.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12.50	2753.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12.50	2753.21

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28543
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28556
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Agan, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Insurance Compa Occupation (for Individual) President MLIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28604
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2018
Transaction ID : SA11AI.28519
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2018
Transaction ID : SA11AI.28557
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Ashcraft, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Ada Lane
 City Naperville State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2018
Transaction ID : SA11AI.28605
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Begley, Jolie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 McVey Blvd West
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28533
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Begley, Jolie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 McVey Blvd West
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28558
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Begley, Jolie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 McVey Blvd West
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28606
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Benintendi, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5658 Tynecastle Loop

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

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

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28529

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

B. Benintendi, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28559

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

C. Benintendi, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5658 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) EVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28607

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bills, Alissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28505

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Bills, Alissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

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

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28560

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Bills, Alissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 Snider Loop

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP Marketing
---------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28608

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
-----------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28522

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
-----------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28562

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Bright, Jon, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4915 Norfolk Place

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Mutual Ins. Co.	Occupation (for Individual) Sr. V.P.
-----------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28610

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28555
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28563
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Brock, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E. Spring St. #326
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28611
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Campbell, Grady, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Sr. VP Marketing Services & PL
----------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28524

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

B. Campbell, Grady, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Sr. VP Marketing Services & PL
----------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28564

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

C. Campbell, Grady, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5760 Whispering Trail

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Sr. VP Marketing Services & PL
----------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28612

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--------------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28511

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--------------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28565

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Craig, Camille, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4282 Hunts Drive

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Life Ins. Co.	Occupation (for Individual) Assistant Vice President Life Adm.
--------------------------------------------------------------	-------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28613

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Eppley, Jason, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28526

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

B. Eppley, Jason, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28566

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

C. Eppley, Jason, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7918 Brianna Drive

City Blacklick	State OH	Zip Code 43004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, Commercial Production & Service
--------------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28614

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Fallen, Hope, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2642 Blue Lick Rd.

City Winfield	State WV	Zip Code 25213
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) AVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28525

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

B. Fallen, Hope, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2642 Blue Lick Rd.

City Winfield	State WV	Zip Code 25213
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) AVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28567

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

C. Fallen, Hope, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2642 Blue Lick Rd.

City Winfield	State WV	Zip Code 25213
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) AVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28615

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Fee, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Courtright Court

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines
----------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28527

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

B. Fee, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Courtright Court

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines
----------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28568

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

C. Fee, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Courtright Court

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Asst Vice President Commercial Lines
----------------------------------------------------------------	---------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28616

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5367 Stotlz Ave
 City Groveport State OH Zip Code 43125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28515
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5367 Stotlz Ave
 City Groveport State OH Zip Code 43125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28569
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Feldner, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5367 Stotlz Ave
 City Groveport State OH Zip Code 43125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) AVP Accounting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28617
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fullenkamp, Joseph, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28531
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Fullenkamp, Joseph, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28570
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Fullenkamp, Joseph, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Asst VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28618
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gandee, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Pleasant Colony Dr
 City Evans State WV Zip Code 25241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28571
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Gandee, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Pleasant Colony Dr
 City Evans State WV Zip Code 25241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28619
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28506
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28572
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Gilmore, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Leap Rd.
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28620
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Graham, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Ellis Place
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28508
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Graham, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Ellis Place
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28573
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Graham, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Ellis Place
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) AVP Personal Lines Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28621
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Guanciale, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28520
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Guanciale, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28574
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Guanciale, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 St. Andrews Circle
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28622
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Hall, Marc S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28539
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hall, Marc S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28575
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Hall, Marc S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5999 Lane Road
 City Centerburg State OH Zip Code 43011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28623
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28528
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28576
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Henderson, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9725 Wagonwood Drive
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P., Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28624
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28534
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28577
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Hennen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2860 Wynridge Drive
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Sales - West Zone
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28625
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28513
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28578
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Daniel Burnham Sq Unit 504
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28626
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Jeffers, Dan, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 Rossmore Lane
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28517
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffers, Dan, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
-------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28579

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

B. Jeffers, Dan, E., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6401 Rossmore Lane

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

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

Name of Employer (for Individual) Motorists Mutual Ins Company	Occupation (for Individual) Assist. V. P.
-------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28627

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

C. Jones, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28530

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Jones, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28580

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

B. Jones, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 E. Dominion Blvd

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co.	Occupation (for Individual) AVP, Commercial Lines
---------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28628

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

C. Kaufman, David L., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7925 Greenside Lane

City Worthington	State OH	Zip Code 43235
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins Co	Occupation (for Individual) Executive VP & COO
--------------------------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28518

Amount of Each Receipt this Period
100.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kaufman, David L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7925 Greenside Lane
 City Worthington State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1590.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28581
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

B. Kaufman, David L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7925 Greenside Lane
 City Worthington State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28629
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

C. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28532
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28582
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3910 Caswell Road
 City Johnstown State OH Zip Code 43031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28630
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28551
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28583
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. King, Teresa M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Tidewater Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28631
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Lawrence, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Clarke Lane
 City Hopkinton State NH Zip Code 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phenix Mutual Fire Ins. Co. Occupation (for Individual) Sr. V.P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28554
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lawrence, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

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

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28584

Amount of Each Receipt this Period
25.00

Memo Item
 Payroll Deduction

B. Lawrence, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Clarke Lane

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

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

Name of Employer (for Individual) Phenix Mutual Fire Ins. Co.	Occupation (for Individual) Sr. V.P.
------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28632

Amount of Each Receipt this Period
25.00

Memo Item
 Payroll Deduction

C. Lisi, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6740 Callaway Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28544

Amount of Each Receipt this Period
15.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisi, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6740 Callaway Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28585

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Lisi, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6740 Callaway Court

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

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--------------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28633

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Marshall, Brandon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 Cassidy Dr.

City Winfield	State WV	Zip Code 25213
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP
------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28510

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Cassidy Dr.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28586
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Cassidy Dr.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28634
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. McCormick, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5348 Westbrook Dr.
 City Cross Lanes State WV Zip Code 25313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brick Street Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28552
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. McCormick, Terri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5348 Westbrook Dr.

City Cross Lanes	State WV	Zip Code 25313
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Brick Street	Occupation (for Individual) VP
---------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28587

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

B. McCormick, Terri, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5348 Westbrook Dr.

City Cross Lanes	State WV	Zip Code 25313
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Brick Street	Occupation (for Individual) VP
---------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28635

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

C. McGee, Bill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 E. Frankfort St.

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28509

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. McGee, Bill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 E. Frankfort St.

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28588

Amount of Each Receipt this Period
40.00

Memo Item
 Payroll Deduction

B. McGee, Bill, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 E. Frankfort St.

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance	Occupation (for Individual) SVP
----------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28636

Amount of Each Receipt this Period
40.00

Memo Item
 Payroll Deduction

C. McGee-Brown, Yvette, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 643 Crossing Creek S.

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director
----------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2018

Transaction ID : SA11AI.28654

Amount of Each Receipt this Period
1000.00

Memo Item
 Political contribution

SUBTOTAL of Receipts This Page (optional).....	1080.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moore, Marchelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2717 Gatewood Rd.
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28538
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Moore, Marchelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2717 Gatewood Rd.
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28589
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Moore, Marchelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2717 Gatewood Rd.
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28637
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Myles, Leslie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Schall Place

City Commercial Point	State OH	Zip Code 43116
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP
------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28536

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Myles, Leslie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Schall Place

City Commercial Point	State OH	Zip Code 43116
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP
------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28590

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Myles, Leslie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Schall Place

City Commercial Point	State OH	Zip Code 43116
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Brickstreet Insurance	Occupation (for Individual) VP
------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28638

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Obrokta, TJ, , ,

Mailing Address **8810 Ventura Way**

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

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) President
----------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28553

Amount of Each Receipt this Period

50.00

Memo Item
 Payroll Deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Obrokta, TJ, , ,

Mailing Address **8810 Ventura Way**

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

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) President
----------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28591

Amount of Each Receipt this Period

50.00

Memo Item
 Payroll Deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Obrokta, TJ, , ,

Mailing Address **8810 Ventura Way**

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

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) President
----------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28639

Amount of Each Receipt this Period

50.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28541
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28592
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28640
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Puchala, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28516
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Puchala, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28594
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Puchala, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Olenview Circle
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28642
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP Planning Prod & Svs
--------------------------------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28546

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP Planning Prod & Svs
--------------------------------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28595

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rudowicz, Randolph A., , ,

Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP Planning Prod & Svs
--------------------------------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28643

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28507
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28596
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Slattery, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 Prairie Run Dr.
 City Sunbury State OH Zip Code 43074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Assistant VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28644
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smithers, Ralph W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 Summers Nook Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP MAX Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28545
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Smithers, Ralph W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 Summers Nook Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP MAX Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28597
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Smithers, Ralph W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6418 Summers Nook Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP MAX Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28645
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stapleton, Charles D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 Kindler Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **11 / 30 / 2018**
Transaction ID : SA11AI.28512
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Stapleton, Charles D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 Kindler Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 14 / 2018**
Transaction ID : SA11AI.28598
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

C. Stapleton, Charles D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 Kindler Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Sr. VP CL & Affiliate Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **12 / 28 / 2018**
Transaction ID : SA11AI.28646
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2018
Transaction ID : SA11AI.28514
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2018
Transaction ID : SA11AI.28599
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2018
Transaction ID : SA11AI.28647
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2018
Transaction ID : SA11AI.28535
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction

B. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2018
Transaction ID : SA11AI.28600
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction

C. Welch, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Esplanade St.
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) AVP, Marketing Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2018
Transaction ID : SA11AI.28648
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wharton, Lisa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, IT EPMO
--------------------------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2018

Transaction ID : SA11AI.28537

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

B. Wharton, Lisa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, IT EPMO
--------------------------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2018

Transaction ID : SA11AI.28601

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

C. Wharton, Lisa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 616 Birghton St

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Insurance Co	Occupation (for Individual) AVP, IT EPMO
--------------------------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2018

Transaction ID : SA11AI.28649

Amount of Each Receipt this Period
15.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wieland, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2018
Transaction ID : SA11AI.28550
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

B. Wieland, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2018
Transaction ID : SA11AI.28602
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

C. Wieland, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2018
Transaction ID : SA11AI.28650
 Amount of Each Receipt this Period 15.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2018

Transaction ID : SA11AI.28542

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

B. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2018

Transaction ID : SA11AI.28603

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

C. Wilcox, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 Daniel Burnham Sq Unit 308

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Insurance Group	Occupation (for Individual) EVP
----------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2018

Transaction ID : SA11AI.28651

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	4255.00