

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

ADDRESS (number and street) **471 E BROAD ST**  
Check if different than previously reported. (ACC) **COLUMBUS OH 43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00336834** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on **11 / 03 / 2020** in the State of **OH**  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **10 / 01 / 2020** through **10 / 14 / 2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Moore, Marchelle, , ,  
Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Moore, Marchelle, , , [Electronically Filed] Date **10 / 19 / 2020**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2020"/>	<input type="text" value="53044.30"/>	<input type="text" value="53044.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23283.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5060.00"/>	<input type="text" value="21640.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28343.30"/>	<input type="text" value="74684.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26.00"/>	<input type="text" value="46367.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28317.30"/>	<input type="text" value="28317.30"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4995.00	13700.00
(ii) Unitemized .....	65.00	7940.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5060.00	21640.00
(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) .....	5060.00	21640.00
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)).....▶	5060.00	21640.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5060.00	21640.00

**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 .....	26.00	117.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	26.00	117.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	46250.00
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)) ..	26.00	46367.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26.00	46367.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5060.00	21640.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5060.00	21640.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	26.00	117.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26.00	117.00

**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 19
<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 ▼ 600.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30598**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 400.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30579**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Contribution

**C. Becker, W., Marston, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 Locha Drive  
 City Jupiter State FL Zip Code 33458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30563**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1065.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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. 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 10 / 13 / 2020  
**Transaction ID : SA11AI.30591**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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  
 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 10 / 13 / 2020  
**Transaction ID : SA11AI.30588**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Contribution

**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  
 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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30568**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 8 OF 19
<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. Bishop, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1390 Picardae Court  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Insurance Co. Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30562**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item Contribution

**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  
 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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30581**  
 Amount of Each Receipt this Period 15.00  
 Memo Item Payroll Contribution

**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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30610**  
 Amount of Each Receipt this Period 15.00  
 Memo Item Payroll Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2030.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<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. Burton, Greg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4505 Washington Ave.

City Charleston	State WV	Zip Code 25304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encova Insurance	Occupation (for Individual) Executive Chair
-------------------------------------------------------	------------------------------------------------

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
10		13		2020

**Transaction ID : SA11AI.30565**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**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
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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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : SA11AI.30582**

Amount of Each Receipt this Period  
50.00

Memo Item Payroll Contribution

**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
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2020

**Transaction ID : SA11AI.30573**

Amount of Each Receipt this Period  
15.00

Memo Item Payroll Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1065.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
<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. 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
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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, Commercial Production & Service
--------------------------------------------------------------------	---------------------------------------------------------------------

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
10	/	13	/	2020

**Transaction ID : SA11AI.30585**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Contribution

**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
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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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2020

**Transaction ID : SA11AI.30583**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Contribution

**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
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2020

**Transaction ID : SA11AI.30586**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30576**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30589**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**C. 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 10 / 13 / 2020  
**Transaction ID : SA11AI.30603**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<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 10 / 13 / 2020  
**Transaction ID : SA11AI.30569**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30580**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30594**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<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	<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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30587**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 850.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30574**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30578**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**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 19
<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 ▼ 300.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30590**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 275.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30607**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 375.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30609**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
<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. 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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30599**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 10 / 13 / 2020  
**Transaction ID : SA11AI.30572**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Contribution

**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 10 / 13 / 2020  
**Transaction ID : SA11AI.30571**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
<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 ▼ 405.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30595**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Contribution

**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 10 / 13 / 2020  
**Transaction ID : SA11AI.30593**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**C. Obrokta, TJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 750.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30608**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30596**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30577**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**C. Rudowicz, Randolph A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 425.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30601**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Contribution

**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 18 OF 19
<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. 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 ▼ 240.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30570**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 225.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30600**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 320.00

Date of Receipt 10 / 13 / 2020  
**Transaction ID : SA11AI.30575**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Contribution

**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 19 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2020  
**Transaction ID : SA11AI.30605**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Contribution

**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 ▼ 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2020  
**Transaction ID : SA11AI.30597**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	4995.00