

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman

Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 01 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		7307.14
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	12638.93									
(c) Total Receipts (from Line 19)	4491.75	42907.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17130.68	50214.71								
7. Total Disbursements (from Line 31)	9.00	33093.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17121.68	17121.68								
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:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4372.80	29112.20
(i) Itemized (use Schedule A)		
(ii) Unitemized	111.00	13771.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4483.80	42883.20
(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)	4483.80	42883.20
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.)	7.95	24.37
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 Transfer (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))	4491.75	42907.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4491.75	42907.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	9.00	54.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9.00	54.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditure (use Schedule E).....	0.00	39.03
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	26000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9.00	33093.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9.00	33093.03

DETAILED SUMMARY PAGE
of Disbursements

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)	4483.80	42883.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4483.80	42883.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.00	54.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	54.00

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10288
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 720.00	<input type="text"/> 30.00
			Payroll deduction of \$30 per pay

B.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10357
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 750.00	<input type="text"/> 30.00
			Payroll deduction of \$30 per pay

C.	Full Name (Last, First, Middle Initial) Michael J. Agan		Date of Receipt
	Mailing Address 5658 Tynecastle Loop		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Dublin	OH	43016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10426
Name of Employer Motorists Mutual Ins. Co.		Occupation VP Life Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 780.00	<input type="text"/> 30.00
			Payroll deduction of \$30 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)

John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1920.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10289

Amount of Each Receipt this Period

80.00

Payroll deduction of \$80 per pay

B.

Full Name (Last, First, Middle Initial)

John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10358

Amount of Each Receipt this Period

80.00

Payroll deduction of \$80 per pay

C.

Full Name (Last, First, Middle Initial)

John J. Bishop

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10427

Amount of Each Receipt this Period

80.00

Payroll deduction of \$80 per pay

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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: PAGE 8 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Mrs. Annette Braet</p> <p>Mailing Address 1831 265th Street</p> <p>City State Zip Code Calamus IA 52729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Info Tech.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2008</p> <p>Transaction ID: SA11AI.10275</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Mrs. Annette Braet</p> <p>Mailing Address 1831 265th Street</p> <p>City State Zip Code Calamus IA 52729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Info Tech.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2008</p> <p>Transaction ID: SA11AI.10344</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Mrs. Annette Braet</p> <p>Mailing Address 1831 265th Street</p> <p>City State Zip Code Calamus IA 52729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Iowa Mutual Ins. Co. V. P. Info Tech.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2008</p> <p>Transaction ID: SA11AI.10413</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll deduction of \$20 per pay</p>
---	---

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 9 / 71
	<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.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.10290
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.10359
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) William P. Brestle	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 3979 Chancellor Drive	Transaction ID: SA11AI.10428
	City State Zip Code Grove city OH 43123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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 10 / 71
	<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.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 5300 State Route 203	Transaction ID: SA11AI.10291
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 5300 State Route 203	Transaction ID: SA11AI.10360
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 5300 State Route 203	Transaction ID: SA11AI.10429
	City State Zip Code Radnor OH 43066	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assistant V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 390.00	

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 / 71
	<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.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10293
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 360.00	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10362
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Duane L. Cable		Date of Receipt
	Mailing Address 6984 Linbrook Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10431
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10294
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 360.00	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10363
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 375.00	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Thomas D. Campana		Date of Receipt
	Mailing Address 6436 Meadow Glen N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10432
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 390.00	Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt
	Mailing Address 5760 Whispering Trail	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City State Zip Code Galena OH 43021	Transaction ID: SA11AI.10295
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt
	Mailing Address 5760 Whispering Trail	<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City State Zip Code Galena OH 43021	Transaction ID: SA11AI.10364
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	

C.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell	Date of Receipt
	Mailing Address 5760 Whispering Trail	<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City State Zip Code Galena OH 43021	Transaction ID: SA11AI.10433
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 71
	<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.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.10296
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.00	

B.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.10365
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.00	

C.	Full Name (Last, First, Middle Initial) John D. Coffman	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 7042 Tralee Drive	Transaction ID: SA11AI.10434
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Tax Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.00	

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: PAGE 15 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10276

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10345

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas R Cole

Mailing Address 712 South 9th Street Ct.

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Insurance Company
Occupation Sr. V. P. Marketing/Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10414

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 16 / 71
	<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.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 10544 Smoke Road, SW	Transaction ID: SA11AI.10297
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 10544 Smoke Road, SW	Transaction ID: SA11AI.10366
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 10544 Smoke Road, SW	Transaction ID: SA11AI.10435
	City State Zip Code Pataskala OH 43062	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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 17 / 71
	<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.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10298
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10367
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig		Date of Receipt
	Mailing Address 4282 Hunts Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10436
Name of Employer Motorists Life Ins. Co.		Occupation Assistant Vice President Life Adm.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt MM / DD / YYYY 11 / 26 / 2008
Mailing Address 6323 Cook Road		Transaction ID: SA11AI.10299
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt MM / DD / YYYY 12 / 12 / 2008
Mailing Address 6323 Cook Road		Transaction ID: SA11AI.10368
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

C.

Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 6323 Cook Road		Transaction ID: SA11AI.10437
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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 19 / 71		
	<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

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.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10300
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="360.00"/>	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10369
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="375.00"/>	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes		Date of Receipt
	Mailing Address 53 Nottingham Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10438
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="390.00"/>	Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10301

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10370

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C.

Full Name (Last, First, Middle Initial)
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. C

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10439

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 21 / 71
	<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.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10302
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10371
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 375.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt
	Mailing Address 8857 Chateau Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10440
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 390.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1332.00

Date of Receipt 11 / 26 / 2008

Transaction ID: SA11AI.10285

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-
60 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1389.60

Date of Receipt 12 / 12 / 2008

Transaction ID: SA11AI.10354

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-
60 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Larry L. Forrester

Mailing Address 7542 East Rush Ridge Road

City Bloomington State IN Zip Code 47401

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

Name of Employer Motorists Mutual Insurance Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1447.20

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.10423

Amount of Each Receipt this Period 57.60

Payroll deduction of \$57.-
60 per pay

SUBTOTAL of Receipts This Page (optional) ► 172.80

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: PAGE 23 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 11 / 26 / 2008
Transaction ID: SA11AI.10303
 Amount of Each Receipt this Period 10.00
 Payroll deduction of \$10 per pay

B. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 12 / 2008
Transaction ID: SA11AI.10372
 Amount of Each Receipt this Period 10.00
 Payroll deduction of \$10 per pay

C. Full Name (Last, First, Middle Initial)
Charles R. Gaskill
 Mailing Address 1425 Briar Meadow Dr.
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motorists Mutual Ins. Company Occupation V. P., Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00
 Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.10441
 Amount of Each Receipt this Period 10.00
 Payroll deduction of \$10 per pay

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: PAGE 24 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.10304

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.10373

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mrs. Jeanne I. Gibbons

Mailing Address 14 Burreed Court

City State Zip Code
Pataskala OH 43062

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P. Personal Lines Adm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.10442

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 / 71
	<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.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.10305
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.10374
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 396 Shelby Avenue, East	Transaction ID: SA11AI.10443
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

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 26 / 71
	<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.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 7494 Heffley Court	Transaction ID: SA11AI.10306
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 7494 Heffley Court	Transaction ID: SA11AI.10375
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 7494 Heffley Court	Transaction ID: SA11AI.10444
	City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer The Motorists Insurance Group	Occupation Sr. VP and Asst. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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 27 / 71
	<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.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10307
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="360.00"/>	Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10376
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="375.00"/>	Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Marc S. Hall		Date of Receipt
	Mailing Address 5999 Lane Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centerburg	OH	43011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10445
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="390.00"/>	Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt	
	Mailing Address 813 East College Avenue		M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.10308
	Westerville	OH	43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.		Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		360.00		

B.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt	
	Mailing Address 813 East College Avenue		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.10377
	Westerville	OH	43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.		Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		375.00		

C.	Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt	
	Mailing Address 813 East College Avenue		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.10446
	Westerville	OH	43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.		Payroll deduction of \$15 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		390.00		

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: PAGE 29 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11AI.10279

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11AI.10348

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mr. James F Hayon

Mailing Address 1020 South Washington Drive

City State Zip Code
Howards Grove WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.10417

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 30 / 71
	<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.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 9725 Wagonwood Drive	Transaction ID: SA11AI.10378
	City State Zip Code Pickerington OH 43147	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

B.	Full Name (Last, First, Middle Initial) Thomas J. Henderson	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 9725 Wagonwood Drive	Transaction ID: SA11AI.10447
	City State Zip Code Pickerington OH 43147	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	

C.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 1409 Snowmass Road	Transaction ID: SA11AI.10310
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation VP Life Financial Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 580.00	

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 31 / 71
	<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.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 8
	Mailing Address 1409 Snowmass Road	Transaction ID: SA11AI.10379
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

B.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	Mailing Address 1409 Snowmass Road	Transaction ID: SA11AI.10448
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Financial Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 8
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.10311
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 71
	<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.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.10380
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 4556 Dirham Court	Transaction ID: SA11AI.10449
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan E. Jeffers	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 6401 Possmore Lane	Transaction ID: SA11AI.10312
	City Canal Winchester State OH Zip Code 43110	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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: PAGE 33 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Motorists Mutual Ins Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11AI.10381

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B.

Full Name (Last, First, Middle Initial)
Mr. Dan E. Jeffers

Mailing Address 6401 Possmore Lane

City State Zip Code
Canal Winchester OH 43110

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

Name of Employer Motorists Mutual Ins Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.10450

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Wilson Mutual Ins. Co.
Occupation Sr. V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11AI.10280

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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: PAGE 34 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10349

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Tami Jones-Fahser

Mailing Address 5729 Superior Avenue

City State Zip Code
Sheboygan WI 53083

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

Name of Employer Occupation
Wilson Mutual Ins. Co. Sr. V.P. Administration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10418

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Occupation
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10313

Amount of Each Receipt this Period
30.00

Payroll deduction of \$30 per pay

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: PAGE 35 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Sr. Vice President, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.10382

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

B. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Sr. Vice President, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.10451

Amount of Each Receipt this Period 30.00

Payroll deduction of \$30 per pay

C. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.10314

Amount of Each Receipt this Period 20.00

Payroll deduction of \$20 per pay

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: PAGE 36 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10383

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

B.

Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10452

Amount of Each Receipt this Period

20.00

Payroll deduction of \$20 per pay

C.

Full Name (Last, First, Middle Initial)
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer Occupation
Motorists Mutual Ins. Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10315

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

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 37 / 71
<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.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.10384
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="625.00"/>	Payroll deduction of \$25 per pay

B.	Full Name (Last, First, Middle Initial) Anne B. King		Date of Receipt
	Mailing Address 6934 Roundwood Ct.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	OH	43016
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.10453
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="650.00"/>	Payroll deduction of \$25 per pay

C.	Full Name (Last, First, Middle Initial) Teresa M. King		Date of Receipt
	Mailing Address 1139 Tidewater Court		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westerville	OH	43082
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.10316
Name of Employer Motorists Mutual Ins. Co.		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="360.00"/>	Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="65.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.10385
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Teresa M. King	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 1139 Tidewater Court	Transaction ID: SA11AI.10454
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Jeff Kirkey	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 1749 Pinecone Court	Transaction ID: SA11AI.10386
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

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 39 / 71
	<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.	Full Name (Last, First, Middle Initial) Jeff Kirkey	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 1749 Pinecone Court	Transaction ID: SA11AI.10455
	City Lewis Center State OH Zip Code 43035	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P., Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 728 South 29th Street	Transaction ID: SA11AI.10281
	City Manitowoc State WI Zip Code 45220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
	Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 728 South 29th Street	Transaction ID: SA11AI.10350
	City Manitowoc State WI Zip Code 45220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
	Name of Employer Wilson Mutual Ins. Co. Occupation V.P. Agency Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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 40 / 71
	<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.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 728 South 29th Street	Transaction ID: SA11AI.10419
	City State Zip Code Manitowoc WI 45220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
Name of Employer Wilson Mutual Ins. Co.	Occupation V.P. Agency Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.10319
	City State Zip Code Reynoldsburg OH 43068	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 8447 Priestley Drive	Transaction ID: SA11AI.10388
	City State Zip Code Reynoldsburg OH 43068	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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: PAGE 41 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Mr. Todd Lawrence

Mailing Address 8447 Priestley Drive

City Reynoldsburg State OH Zip Code 43068

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.10457
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

B.

Full Name (Last, First, Middle Initial)
Michael Lisi

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 26 / 2008
Transaction ID: SA11AI.10320
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)
Michael Lisi

Mailing Address 6740 Callaway Court

City Westerville State OH Zip Code 43082

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 12 / 2008
Transaction ID: SA11AI.10389
Amount of Each Receipt this Period 15.00
Payroll deduction of \$15 per pay

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 / 71
	<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.	Full Name (Last, First, Middle Initial) Michael Lisi		Date of Receipt
	Mailing Address 6740 Callaway Court		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.10458
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="390.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

B.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.10321
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="360.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

C.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Transaction ID: SA11AI.10390
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="375.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="15.00"/>
		Payroll deduction of \$15 per pay	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 71
	<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.	Full Name (Last, First, Middle Initial) Todd A. Long		Date of Receipt
	Mailing Address 1002 Loch Ness Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Worthington	OH	43285
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10459
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DePere	WI	54115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10282
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel		Date of Receipt
	Mailing Address 535 Brule Road #14		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DePere	WI	54115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10351
Name of Employer Wilson Mutual Ins. Co.		Occupation V.P. Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Steven E. Manteufel

Mailing Address 535 Brule Road #14

City State Zip Code
DePere WI 54115

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

Name of Employer Occupation
Wilson Mutual Ins. Co. V.P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.10420

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

Name of Employer Occupation
American Hardware Mutual Ins. Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11AI.10341

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhassen MN 55317

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

Name of Employer Occupation
American Hardware Mutual Ins. Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11AI.10410

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

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: PAGE 45 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City Chanhassen State MN Zip Code 55317

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

Name of Employer American Hardware Mutual Ins. Occupation Sr. VP & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.10479

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 26 / 2008

Transaction ID: SA11AI.10342

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City Chanhassen State MN Zip Code 55317

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 12 / 2008

Transaction ID: SA11AI.10411

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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: PAGE 46 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Thomas M Mason

Mailing Address 575 Summerfield Drive

City State Zip Code
Chanhassen MN 55317

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

Name of Employer American Hardware Mutual Ins. Occupation V. P. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.10480

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11AI.10286

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Motorists Mutual Ins. Co. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11AI.10355

Amount of Each Receipt this Period 45.00

Payroll deduction of \$45 per pay

SUBTOTAL of Receipts This Page (optional) ► 105.00

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: PAGE 47 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1170.00**

Date of Receipt **12 / 24 / 2008**

Transaction ID: SA11AI.10424

Amount of Each Receipt this Period **45.00**

Payroll deduction of \$45 per pay

B. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 26 / 2008**

Transaction ID: SA11AI.10322

Amount of Each Receipt this Period **15.00**

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 12 / 2008**

Transaction ID: SA11AI.10391

Amount of Each Receipt this Period **15.00**

Payroll deduction of \$15 per pay

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 48 / 71
	<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.	Full Name (Last, First, Middle Initial) Mark J. Nixon	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 662 East Fifth Avenue	Transaction ID: SA11AI.10460
	City State Zip Code Lancaster OH 43130	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Insurance Company Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 10167 Chelton Wood	Transaction ID: SA11AI.10323
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay
	Name of Employer Motorists Mutual Insurance Company Occupation Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 10167 Chelton Wood	Transaction ID: SA11AI.10392
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay
	Name of Employer Motorists Mutual Insurance Company Occupation Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

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 49 / 71
	<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.	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 10167 Chelton Wood	Transaction ID: SA11AI.10461
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.10324
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.10393
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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:	PAGE 50 / 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 4460 Swenson Street	Transaction ID: SA11AI.10462
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.10343
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 15300 37th Avenue N Apt. B208	Transaction ID: SA11AI.10412
	City Plymouth State MN Zip Code 55446	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
	Name of Employer American Hardware Mutual Ins. Occupation V. P. Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

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 / 71
	<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.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt
	Mailing Address 15300 37th Avenue N Apt. B208		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Plymouth	MN	55446
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10481
Name of Employer American Hardware Mutual Ins.		Occupation V. P. Underwriting	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	15.00
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10326
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	15.00
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Damian Puchala		Date of Receipt
	Mailing Address 325 Olenview Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10395
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	15.00
			Payroll deduction of \$15 per pay

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: PAGE 52 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.10464

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Ins. Co.
Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.10277

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Georgia Puls

Mailing Address 825 West Price Street

City State Zip Code
Eldridge IA 52748

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

Name of Employer Iowa Mutual Ins. Co.
Occupation V. P. Commercial Lines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.10346

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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 53 / 71
	<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.	Full Name (Last, First, Middle Initial) Georgia Puls	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 825 West Price Street	Transaction ID: SA11AI.10415
	City State Zip Code Eldridge IA 52748	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Commercial Lines	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.10327
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Paul J. Richards	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 4732 Golf Village Drive	Transaction ID: SA11AI.10396
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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 54 / 71
	<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.	Full Name (Last, First, Middle Initial) Paul J. Richards		Date of Receipt
	Mailing Address 4732 Golf Village Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10465
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 390.00	<input type="text"/> 15.00
			Payroll deduction of \$15 per pay

B.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Worthington	OH	43085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10328
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 25.00
			Payroll deduction of \$25 per pay

C.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz		Date of Receipt
	Mailing Address 1026 Loch Ness Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Worthington	OH	43085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10397
Name of Employer Motorists Mutual Ins. Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 625.00	<input type="text"/> 25.00
			Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Ins. Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10466

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Wilson Mutual Ins. Co.
Occupation V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10283

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)
Mrs. Karen L. Schultz

Mailing Address 1116 Sommer Drive

City State Zip Code
Sheboygan WI 53081

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

Name of Employer Wilson Mutual Ins. Co.
Occupation V. P. Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10352

Amount of Each Receipt this Period
15.00

Payroll deduction of \$15 per pay

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 56 / 71
	<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.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 1116 Sommer Drive	Transaction ID: SA11AI.10421
	City State Zip Code Sheboygan WI 53081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.10329
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Karen L. Schwartz	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 1252 Pond Hollow Lane	Transaction ID: SA11AI.10398
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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: PAGE 57 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10467

Amount of Each Receipt this Period

25.00

Payroll deduction of \$25 per pay

B.

Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10287

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

C.

Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10356

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

SUBTOTAL of Receipts This Page (optional) ▶

135.00

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: PAGE 58 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Mr. Robert C. Smith

Mailing Address 29270 Hampshire Place

City State Zip Code
Westlake OH 44145

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

Name of Employer Occupation
Motorists Mutual Ins. Co. Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10425

Amount of Each Receipt this Period

55.00

Payroll deduction of \$55 per pay

B.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10330

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

C.

Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.

Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Motorists Mutual Ins. Company Assist. V. P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10399

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)

85.00

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: PAGE 59 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Full Name (Last, First, Middle Initial)
Ralph W. Smithers, Jr.
Mailing Address 6418 Summers Nook Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: Assist. V. P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY
12 / 24 / 2008
Transaction ID: SA11AI.10468
Amount of Each Receipt this Period: 15.00
Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Charles D. Stapleton
Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
11 / 26 / 2008
Transaction ID: SA11AI.10331
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Charles D. Stapleton
Mailing Address 6900 Kindler Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt: MM / DD / YYYY
12 / 12 / 2008
Transaction ID: SA11AI.10400
Amount of Each Receipt this Period: 25.00
Payroll deduction of \$25 per pay

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 60 / 71
	<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.	Full Name (Last, First, Middle Initial) Charles D. Stapleton	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 6900 Kindler Drive	Transaction ID: SA11AI.10469
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 8816 Cooks Hill Road	Transaction ID: SA11AI.10332
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 8816 Cooks Hill Road	Transaction ID: SA11AI.10401
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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 61 / 71
	<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.	Full Name (Last, First, Middle Initial) Tamera A. Stephens	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 8816 Cooks Hill Road	Transaction ID: SA11AI.10470
	City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 7703 Timber Ridge Drive	Transaction ID: SA11AI.10333
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. Van Stewart	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 7703 Timber Ridge Drive	Transaction ID: SA11AI.10402
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$15 per pay
Name of Employer Motorists Life Insurance Compa	Occupation Assist. V. P., Life Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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: PAGE 62 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Van Stewart

Mailing Address 7703 Timber Ridge Drive

City State Zip Code
Powell OH 43065

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

Name of Employer: Motorists Life Insurance Compa
Occupation: Assist. V. P., Life Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.10471

Amount of Each Receipt this Period: 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 3264 Arctic Avenue

City State Zip Code
Lewis Center OH 43035

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

Name of Employer: Motorists Mutual Ins. Com-pany
Occupation: Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
11 / 26 / 2008

Transaction ID: SA11AI.10334

Amount of Each Receipt this Period: 25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 3264 Arctic Avenue

City State Zip Code
Lewis Center OH 43035

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

Name of Employer: Motorists Mutual Ins. Com-pany
Occupation: Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: MM / DD / YYYY
12 / 12 / 2008

Transaction ID: SA11AI.10403

Amount of Each Receipt this Period: 25.00

Payroll deduction of \$25 per pay

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: PAGE 63 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mr. Craig Thompson

Mailing Address 3264 Arctic Avenue

City Lewis Center State OH Zip Code 43035

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.10472

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 26 / 2008

Transaction ID: SA11AI.10335

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

C. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City Grove City State OH Zip Code 43123

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 12 / 2008

Transaction ID: SA11AI.10404

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

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: PAGE 64 / 71
(check only one)

<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. Full Name (Last, First, Middle Initial)
Mrs. Sharon B Thompson

Mailing Address 5444 Spring Hill Road

City State Zip Code
Grove City OH 43123

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assistant VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10473

Amount of Each Receipt this Period 15.00

Payroll deduction of \$15 per pay

B. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City State Zip Code
Hilliard OH 43026

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10336

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Richard J. Walton

Mailing Address 3249 Scioto Run Blvd.

City State Zip Code
Hilliard OH 43026

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10405

Amount of Each Receipt this Period 25.00

Payroll deduction of \$25 per pay

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 65 / 71
	<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.	Full Name (Last, First, Middle Initial) Richard J. Walton	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 3249 Scioto Run Blvd.	Transaction ID: SA11AI.10474
	City Hilliard State OH Zip Code 43026	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt MM / DD / YYYY 11 / 26 / 2008
	Mailing Address 7105 Lakebrook Blvd.	Transaction ID: SA11AI.10337
	City Columbus State OH Zip Code 43235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	Date of Receipt MM / DD / YYYY 12 / 12 / 2008
	Mailing Address 7105 Lakebrook Blvd.	Transaction ID: SA11AI.10406
	City Columbus State OH Zip Code 43235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$20 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: PAGE 66 / 71
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

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

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.10475
Amount of Each Receipt this Period 20.00
Payroll deduction of \$20 per pay

B.

Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 26 / 2008
Transaction ID: SA11AI.10284
Amount of Each Receipt this Period 40.00
Payroll deduction of \$40 per pay

C.

Full Name (Last, First, Middle Initial)
Mr. Robert L. Western

Mailing Address 5203 South 8th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Wilson Mutual Ins. Company
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2008
Transaction ID: SA11AI.10353
Amount of Each Receipt this Period 40.00
Payroll deduction of \$40 per pay

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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 67 / 71
	<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.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western		Date of Receipt
	Mailing Address 5203 South 8th Street		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sheboygan	WI	53081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Mutual Ins. Company		Occupation President	Transaction ID: SA11AI.10422
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1040.00"/>	<input type="text" value="40.00"/>
			Payroll deduction of \$40 per pay

B.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.10278
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel		Date of Receipt
	Mailing Address 4918 Norfolk Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Iowa Mutual Ins. Co.		Occupation V. P. Claims	Transaction ID: SA11AI.10347
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Mr. Edward Wetzel

Mailing Address 4918 Norfolk Drive

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Occupation
Iowa Mutual Ins. Co. V. P. Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10416

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer Occupation
Motorists Mutual Insurance Company Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10338

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

C.

Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer Occupation
Motorists Mutual Insurance Company Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10407

Amount of Each Receipt this Period

30.00

Payroll deduction of \$30 per pay

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 69 / 71
	<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.	Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt
	Mailing Address 5519 Medallion Drive W.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westerville	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10476
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="780.00"/>	<input type="text" value="30.00"/>
			Payroll deduction of \$30 per pay

B.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10339
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

C.	Full Name (Last, First, Middle Initial) Charles A. Williams		Date of Receipt
	Mailing Address 14924 S. R. 35, E.		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sunbury	OH	43074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10408
Name of Employer Motorists Mutual Ins. Company		Occupation Assist. V. P.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="15.00"/>
			Payroll deduction of \$15 per pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 71

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

Name of Employer Occupation
Motorists Mutual Ins. Com- Assist. V. P.
pany

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.10477

Amount of Each Receipt this Period

15.00

Payroll deduction of \$15 per pay

B.

Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Treasurer
Company

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.10340

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

C.

Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Treasurer
Company

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.10409

Amount of Each Receipt this Period

35.00

Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional) ▶

85.00

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:		PAGE 71 / 71	
	(check only one)			
	<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.	Full Name (Last, First, Middle Initial) Michael L. Wiseman		Date of Receipt	
	Mailing Address 90 Timberknoll Loop		M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.10478
	Powell	OH	43065	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		35.00	
Name of Employer Motorists Mutual Insurance Company		Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 910.00		
			Payroll deduction of \$35 per pay	

SUBTOTAL of Receipts This Page (optional)	35.00
TOTAL This Period (last page this line number only)	4372.80