

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

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

FOR LINE NUMBER: PAGE 24 OF 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bills, Alissa, , ,

Mailing Address 5300 Snider Loop

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Insurance Co.

Occupation (for Individual)
AVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2019

Transaction ID : SA11AI.29390

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bills, Alissa, , ,

Mailing Address 5300 Snider Loop

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Insurance Co.

Occupation (for Individual)
AVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2019

Transaction ID : SA11AI.29433

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bills, Alissa, , ,

Mailing Address 5300 Snider Loop

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Insurance Co.

Occupation (for Individual)
AVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2019

Transaction ID : SA11AI.29508

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00