

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

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

FOR LINE NUMBER: PAGE 139 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. Moore, Marchelle, , ,

Mailing Address 2717 Gatewood Rd.

City
Columbus

State
OH

Zip Code
43219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Insurance Co

Occupation (for Individual)
Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2019

Transaction ID : SA11AI.29778

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

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

B. Moore, Marchelle, , ,

Mailing Address 2717 Gatewood Rd.

City
Columbus

State
OH

Zip Code
43219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Insurance Co

Occupation (for Individual)
Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2019

Transaction ID : SA11AI.29821

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

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

C. Myles, Leslie, , ,

Mailing Address 306 Schall Place

City
Commercial Point

State
OH

Zip Code
43116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brickstreet Insurance

Occupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2019

Transaction ID : SA11AI.29325

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)..... ►

65.00