

# **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)

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☒ 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. 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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2019

**Transaction ID : SA11AI.29369**

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. 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 ▼

240.00

Date of Receipt

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

**Transaction ID : SA11AI.29413**

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. 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 ▼

255.00

Date of Receipt

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

**Transaction ID : SA11AI.29460**

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