

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

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

FOR LINE NUMBER: PAGE 143 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. 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2019

Transaction ID : SA11AI.29735

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 ▼

375.00

Date of Receipt

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

Transaction ID : SA11AI.29777

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 ▼

390.00

Date of Receipt

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

Transaction ID : SA11AI.29820

Amount of Each Receipt this Period

15.00

☐ Memo Item  
 Payroll Deduction

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

45.00

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