

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

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

FOR LINE NUMBER: PAGE 148 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. Obrokta, TJ, , ,

Mailing Address 8810 Ventura Way

City
Dublin

State
OH

Zip Code
43016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Insurance Group

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID : SA11AI.29819

Amount of Each Receipt this Period

50.00

☐ Memo Item
Payroll Deduction

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

B. Peacock, Mark, , Mr.,

Mailing Address 4460 Swenson Street

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Ins. Company

Occupation (for Individual)
Assist. V. P.

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.29328

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. Peacock, Mark, , Mr.,

Mailing Address 4460 Swenson Street

City
Hilliard

State
OH

Zip Code
43026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Motorists Mutual Ins. Company

Occupation (for Individual)
Assist. V. P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11AI.29372

Amount of Each Receipt this Period

15.00

☐ Memo Item
Payroll Deduction

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

80.00

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