

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

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

FOR LINE NUMBER: PAGE 152 OF 186

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

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

A. 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 ▼

375.00

Date of Receipt

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

Transaction ID : SA11AI.29775

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. 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 ▼

390.00

Date of Receipt

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

Transaction ID : SA11AI.29818

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. Puchala, Damian, , ,

Mailing Address 325 Olenview Circle

City
Powell

State
OH

Zip Code
43065

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.29309

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