

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

ADDRESS (number and street) 471 E BROAD ST
 Check if different than previously reported. (ACC) COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER C00336834
 3. IS THIS REPORT X NEW (N) OR AMENDED (A)
 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2)
 Mar 20 (M3)
 Apr 20 (M4)
 May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)
 Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)
 Nov 20 (M11) (Non-Election Year Only)
 Dec 20 (M12) (Non-Election Year Only)
 Jan 31 (M13)
 (c) 12-Day PRE-Election Report for the:
 Primary (12P)
 Convention (12C)
 General (12G)
 Special (12S)
 (d) 30-Day Post-Election Report for the:
 General (30G)
 Runoff (30R)
 Special (30S)
 Election on 05 07 2002 in the State of OH

5. Covering Period 04 01 2002 through 04 17 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Wiseman
 Signature of Treasurer Electronically Filed by Michael Wiseman Date 04 22 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: ^h04 ^d01 ^y2002 To: ^h04 ^d17 ^y2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^y 2002 | | 4625.63 |
| (b) Cash on Hand at Beginning of Reporting Period | 1142.71 | |
| (c) Total Receipts (from Line 19) | 811.00 | 6791.58 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1953.71 | 11417.21 |
| 7. Total Disbursements (from Line 30) | 350.00 | 9813.50 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1603.71 | 1603.71 |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: ^W04 ^D01 ^Y2002 To: ^W04 ^D17 ^Y2002

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 277.00 | |
| (ii) Unitemized | 534.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 811.00 | 6788.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) | 811.00 | 6788.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 3.58 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 811.00 | 6791.58 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 811.00 | 6791.58 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 13.50 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 13.50 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 350.00 | 9800.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 350.00 | 9813.50 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 350.00 | 9813.50 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 811.00 | 6788.00 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 811.00 | 6788.00 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 13.50 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 0.00 | 13.50 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 8

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 (MOTORISTS INSURANCE CIVIC FUND)

| | | |
|--|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| A. John Bishop | | N M / D E / Y Y Y Y |
| Mailing Address | | 0 4 / 1 7 / 2 0 0 2 |
| 1390 Picardae Court | | |
| City | State | Zip Code |
| Powell | OH | 43065 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| | | 50.00 |
| Name of Employer | Occupation | Payroll deduction \$50 Bi-weekly |
| Motorists Mutual Insurance Company | President and COO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 400.00 | Transaction ID: SA11A1.4804 |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| B. David Kaufman | | N M / D E / Y Y Y Y |
| Mailing Address | | 0 4 / 1 7 / 2 0 0 2 |
| 7925 Greenside Lane | | |
| City | State | Zip Code |
| Worthington | OH | 43235 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| | | 30.00 |
| Name of Employer | Occupation | Payroll Deduction \$30 Bi-weekly |
| Motorists Mutual Insurance Company | Sr. Vice President, CIO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 240.00 | Transaction ID: SA11A1.4822 |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| C. Omile Lyons, II | | N M / D E / Y Y Y Y |
| Mailing Address | | 0 4 / 1 7 / 2 0 0 2 |
| 1165 Starbuck Ct. | | |
| City | State | Zip Code |
| Westerville | OH | 43081 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| | | 27.00 |
| Name of Employer | Occupation | Payroll Deduction \$27 per pay |
| Motorists Mutual Insurance Company | Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 216.00 | Transaction ID: SA11A1.4829 |

SUBTOTAL of Receipts This Page (optional) ► **107.00**

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 / 8 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Thomas Dgg
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1D187 Chelton Wood
 City: Powell State: OH Zip Code: 43065
 Date of Receipt: 04 / 17 / 2002
 Amount of Each Receipt this Period: 40.00
 Name of Employer: Motorists Mutual Insurance Company Occupation: Secretary Payroll Deduction \$40 Bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00
 Transaction ID: SA11A1.4832

B. Duana Swartz
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1505 Clubview Blvd., S.
 City: Columbus State: OH Zip Code: 43235
 Date of Receipt: 04 / 17 / 2002
 Amount of Each Receipt this Period: 30.00
 Name of Employer: Motorists Mutual Insurance Company Occupation: Senior Vice President Payroll Deduction \$30 Bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
 Transaction ID: SA11A1.4838

C. James Vermillion
 Full Name (Last, First, Middle Initial)
 Mailing Address: 919 Byron Avenue
 City: Columbus State: OH Zip Code: 43227
 Date of Receipt: 04 / 17 / 2002
 Amount of Each Receipt this Period: 35.00
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President Payroll Deduction \$35 Bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
 Transaction ID: SA11A1.4840

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**
TOTAL This Period (last page this line number only) ▶

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 / 8 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
 Charles Wicker

Mailing Address
 1229 Smiley Court

City State Zip Code
 Westerville OH 43081

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Payroll Deduction \$30 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Transaction ID: SA11A1.4843

B. Full Name (Last, First, Middle Initial)
 Michael Wiseman

Mailing Address
 8D Timbarknoll Loop

City State Zip Code
 Powell OH 43065

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2002

Amount of Each Receipt this Period
 35.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Treasurer

Payroll Deduction \$35 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Transaction ID: SA11A1.4845

C.

| | | |
|--|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 65.00 |
| TOTAL This Period (last page this line number only) | ▶ | 277.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|-----------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| | | | | <input checked="" type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Citizens for David Evans | | | Date of Disbursement 04 / 08 / 2002 | |
| Mailing Address 829 Golden Drive City Newark State OH Zip Code 43055 | | | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement State Political Contribution Candidate Name | | | Category/ Type | |
| Office Sought: House Senate President | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: District: | | Transaction ID: SB29.4849 | | |

| | | | | |
|--|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Husted for State Representative | | | Date of Disbursement 04 / 11 / 2002 | |
| Mailing Address 148 Sherbrooke Drive City Kettering State OH Zip Code 45429 | | | Amount of Each Disbursement this Period 150.00 | |
| Purpose of Disbursement State Political Contribution Candidate Name | | | Category/ Type | |
| Office Sought: House Senate President | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: District: | | Transaction ID: SB29.4851 | | |

| | | | | |
|--|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. The Committee to Elect Jon Peterson | | | Date of Disbursement 04 / 08 / 2002 | |
| Mailing Address 178 Hillside Drive City Delaware State OH Zip Code 43015 | | | Amount of Each Disbursement this Period 100.00 | |
| Purpose of Disbursement State Political Contribution Candidate Name | | | Category/ Type | |
| Office Sought: House Senate President | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: District: | | Transaction ID: SB29.4850 | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | 350.00 |