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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00336834 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Χ (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 03 04 2008 OH Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2008 02 13 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 02 14 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND <sup>®</sup> D " D 0.2 0 1 0 1 2008 13 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7307.14 2008 January 1 (b) Cash on Hand at 7307.14 Begining of Reporting Period ..... 6175.00 6175.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 13482.14 13482.14 6(a) and 6(c) for Column B) ..... 7304.50 7304.50 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 6177.64 6177.64 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

FE6AN026

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1580.00	1580.00
(ii) Unitemized	4595.00	4595.00
(iii) TOTAL (add	0.175.00	
Lines 11(a)(i) and (ii)	6175.00	6175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry	6175.00	6175.00
Totals to Line 33, page 5)		
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(Horri Scriedule 115)		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d),		21====
12, 13, 14, 15, 16, 17, and 18(c))	6175.00	6175.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	6175.00	6175.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

**II. DISBURSEMENTS** 

21. Operating Expenditures:
(a) Shared Federal/Non-Federal
Activity (from Schedule H4)

(b) Other Federal Operating

of Disbursements Page 4 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 4 50 4 50

	Expenditures	4.50	4.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	4.50	4.50
22.	Transfers to Affiliated/Other Party		
23	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	5000.00	5000.00
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
	Loans Made Refunds of Contributions To:	0.00	0.00
_0.	(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	2300.00	2300.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7304.50	7304.50
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	7304.50	7304.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	6175.00	6175.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6175.00	6175.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4.50	4.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4.50	4.50

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/9 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John J. Bishop  Mailing Address 1390 Picardae Court  City Powell  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co. Receipt For:  Primary General Other (specify)	State Zip Code OH 43065  C  Occupation Chairman, President and CEO Aggregate Year-to-Date  240.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Mr. John L. Cooper Mailing Address 4217 St. George Lane City Naples  FEC ID number of contributing federal political committee.  Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code FL 34119-7505  C  Occupation Director  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1
Full Name (Last, First, Middle Initial) Mr. Robert D. Lambert  Mailing Address 3 Gingerwood Lane  City  Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer lowa Mutual Ins. Co.  Receipt For:  Primary General Other (specify)	State Zip Code IA 52722  C Occupation Director  Aggregate Year-to-Date   500.00	Date of Receipt  M M M 25 25 2008  Transaction ID: SA11AI.8559  Amount of Each Receipt this Period  500.00  Annual contribution
SUBTOTAL of Receipts This Page (optional)		1580.00
TOTAL This Period (last page this line number	only)	1580.00

SCHEDULE B (FEC Form 3X)	FOR LIN	E NUMBER: PAGE 7/9
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check or 21b 27	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND	
Full Name (Last, First, Middle Initial)  NAMIC PAC  Mailing Address 122 C Street, NW, Suite 9	540	Transaction ID: SB23.8558 Date of Disbursement  O 1
Washington Purpose of Disbursement	State Zip Code DC 20001	Amount of Each Disbursement this Period 5000.00
Contribution Candidate Name	O11 Category/ Type	
	ment For: 2008 Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>—</b>	5000.00

# SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)	(check only	NUMBER: PAGE 8/9 v one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30
Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MOTORISTS MUTUAL INSURANCE	name and address of any political		
Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney Mailing Address 357 East Torrence	Road		Transaction ID: SB29.8564 Date of Disbursement  O 2 D D D D D D D D D D D D D D D D D D
City Columbus Purpose of Disbursement Campaign Contribution Candidate Name	State Zip Code OH 43214	011 Category/	Amount of Each Disbursement this Period 500.00
Senate President State: OH District: 22	bursement For: 2008  X Primary General Other (specify) ▼	Type	
Full Name (Last, First, Middle Initial) Committee to Elect David Goodman  Mailing Address 1908 Cedar Willow	Drive		Transaction ID: SB29.8408 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus Purpose of Disbursement Contribution Candidate Name  Office Sought:  House X Senate President	State Zip Code OH 43229  bursement For: 2008 X Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 300.00
State: OH District: 03  Full Name (Last, First, Middle Initial) Committee to Elect Keenan  Mailing Address 865 Macon Alley			Transaction ID: SB29.8566 Date of Disbursement
City Columbus Purpose of Disbursement Campaign Contribution Candidate Name	State Zip Code OH 43206	011 Category/ Type	Amount of Each Disbursement this Period 500.00
Office Sought:  X House Senate President State: OH District: 22	bursement For: 2008  X Primary General  Other (specify)		
			1300.00

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check only	E NUMBER: PAGE 9/9 ly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , ,	
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND	
Full Name (Last, First, Middle Initial) Ohio Repbulican Party  Mailing Address 211 South Fifth Street		Transaction ID: SB29.8410 Date of Disbursement  O 1 D 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Columbus Purpose of Disbursement	state Zip Code DH 43215	Amount of Each Disbursement this Period 1000.00
Contribution Candidate Name	O11 Category/ Type	
Office Sought: House Disburser Senate X President	nent For: 2008 Primary General Other (specify)	
State: District:	• • •	

SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	<u> </u>	2300.00