

**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** CITY STATE ZIP CODE

C00336834

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:				
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Jan 31 (M13)	
April 15 Quarterly Report(Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)		
July 15 Quarterly Report(Q2)	(c) 12-Day PRE Election Report for the:	Primary (12P)	X General (12G)	Runoff (12R)	
October 15 Quarterly Report(Q3)		Convention (12C)	Special (12S)		
January 31 Quarterly Report(YE)	Election on	11	05	2002	in the State of OH
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 10 01 2002 through 10 18 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 10 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: ^h10^h ^D01^D ^v2002^v To: ^h10^h ^D16^D ^v2002^v

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002 ^v		4625.63
(b) Cash on Hand at Beginning of Reporting Period	2584.98	
(c) Total Receipts (from Line 19)	841.00	17640.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3425.98	22266.48
7. Total Disbursements (from Line 30)	400.00	19240.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3025.98	3025.98
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: ^W10 ^D01 ^Y2002 To: ^W10 ^D16 ^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)	804.00	
(ii) Unitemized	37.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	841.00	17631.00
(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)	841.00	17631.00
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	9.85
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)	841.00	17640.85
20. Total Federal Receipts (subtract Line 18 from Line 19)	841.00	17640.85

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	40.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	40.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	600.00
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.....	400.00	18600.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	400.00	19240.50
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	400.00	19240.50
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	841.00	17631.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	841.00	17631.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	40.50
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	40.50

**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 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)

A. Full Name (Last, First, Middle Initial)
 John Bishop

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 1380 Picardae Court

City State Zip Code
 Powell OH 43065

Amount of Each Receipt this Period
 50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company President and COO

Payroll Deduction \$50 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Transaction ID: SA11A1.5000

B. Full Name (Last, First, Middle Initial)
 Duane Cable

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 6884 Linbrook Blvd.

City State Zip Code
 Columbus OH 43235

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5001

C. Full Name (Last, First, Middle Initial)
 Thomas Campena

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 6436 Meadow Glen N

City State Zip Code
 Westerville OH 43082

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5002

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 / 18	
	<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)
John Coffman

Mailing Address
7042 Tralee Drive

City State Zip Code
Dublin OH 43017

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
17.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$17 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 357.00

Transaction ID: SA11A1.5003

B. Full Name (Last, First, Middle Initial)
Thomas Cole

Mailing Address
410 Canterbury Ct.

City State Zip Code
Westerville OH 43082

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Transaction ID: SA11A1.5004

C. Full Name (Last, First, Middle Initial)
Kathleen Cooper

Mailing Address
10544 Smoke Road, SW

City State Zip Code
Pataskala OH 43062

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Transaction ID: SA11A1.5005

SUBTOTAL of Receipts This Page (optional) ▶ 47.00

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: PAGE 7 / 18

(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 (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial) Date of Receipt
 Daniel Crawford N M / D E / Y Y Y Y
 Mailing Address 10 / 11 / 2002
 6323 Cook Road
 City State Zip Code
 Powell OH 43065 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 25.00
 Name of Employer Occupation Payroll Deduction \$25 bi-weekly
 Motorists Mutual Insurance Company Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00
 Transaction ID: SA11A1.5006

B. Full Name (Last, First, Middle Initial) Date of Receipt
 Douglas Dodson N M / D E / Y Y Y Y
 Mailing Address 10 / 11 / 2002
 4855 Raven Court
 City State Zip Code
 Hilliard OH 43026 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 15.00
 Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Companies Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
 Transaction ID: SA11A1.5007

C. Full Name (Last, First, Middle Initial) Date of Receipt
 Craig Ebarwine N M / D E / Y Y Y Y
 Mailing Address 10 / 11 / 2002
 1428 Sedgefield Dr.
 City State Zip Code
 New Albany OH 43054 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 25.00
 Name of Employer Occupation Payroll Deduction \$25 bi-weekly
 Motorists Mutual Insurance Company Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00
 Transaction ID: SA11A1.5008

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

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

Use separate schedule(s)
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(check only one)

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

A. Michael Finch Date of Receipt

Mailing Address N M / D E / Y Y Y Y
8857 Chateau Drive 10 / 11 / 2002

City State Zip Code
Pickerington OH 43147 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 15.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 315.00

Transaction ID: SA11A1.5009

B. Charles Gaskil Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1425 Briar Meadow Dr. 10 / 11 / 2002

City State Zip Code
Worthington OH 43235 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 10.00

Name of Employer Occupation Payroll Deduction \$10 bi-weekly
Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 210.00

Transaction ID: SA11A1.5010

C. Mare Hal Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5999 Lane Road 10 / 11 / 2002

City State Zip Code
Centerburg OH 43011 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 15.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 315.00

Transaction ID: SA11A1.5012

SUBTOTAL of Receipts This Page (optional) ▶ **40.00**

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 9 / 18	
	<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)
 Peter Hitchcock

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 1409 Snowmass Road

City State Zip Code
 Columbus OH 43235

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Corporate Actuary

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5013

B. Full Name (Last, First, Middle Initial)
 Paul Holmquist

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 5199 Owl Creek Drive

City State Zip Code
 Westerville OH 43081

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Corporate Counsel

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5015

C. Full Name (Last, First, Middle Initial)
 Jeffrey Hoover

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Mailing Address
 4556 Dirham Court

City State Zip Code
 Hilliard OH 43026

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5016

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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: PAGE 10 / 18

(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 (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
Wallace Hysell

Mailing Address
5838 Coventry Hurst Lane

City State Zip Code
Hilliard OH 43026

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Transaction ID: SA11A1.5017

B. Full Name (Last, First, Middle Initial)
Larry Jones

Mailing Address
8407 Emeric Close

City State Zip Code
Reynoldsburg OH 43068

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Insurance Companies Manager

Payroll Deduction \$10 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 210.00

Transaction ID: SA11A1.5018

C. Full Name (Last, First, Middle Initial)
David Kaufman

Mailing Address
7925 Greendale Lane

City State Zip Code
Worthington OH 43085

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 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 Sr. Vice President, CIO

Payroll Deduction \$30 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 630.00

Transaction ID: SA11A1.5019

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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

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

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FOR LINE NUMBER: PAGE 11 / 18

(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 (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial)

A. John Kessler

Mailing Address

3910 Caswell Road

City

State

Zip Code

Johnstown

OH

43031

Date of Receipt

N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Mutual Insurance Company

Occupation

Vice President

Payroll Deduction \$20 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Transaction ID: SA11A1.5020

Full Name (Last, First, Middle Initial)

B. Anne King

Mailing Address

6934 Roundwood Ct

City

State

Zip Code

Dublin

OH

43016

Date of Receipt

N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period

15.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Mutual Insurance Company

Occupation

Manager

Payroll Deduction \$15 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Transaction ID: SA11A1.5021

Full Name (Last, First, Middle Initial)

C. Teresa King

Mailing Address

1139 Tidewater Court

City

State

Zip Code

Westerville

OH

43082

Date of Receipt

N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period

15.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Insurance Companies

Occupation

Manager

Payroll Deduction \$15 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Transaction ID: SA11A1.5022

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 12 / 18	
	<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)
 Russell Krebs
 Mailing Address
 15 Kim Court East
 City State Zip Code
 Westerville OH 43081
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 15.00
 Name of Employer Occupation
 Motorists Insurance Companies Manager
 Payroll Deduction \$15 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
 Transaction ID: SA11A1.5024

B. Full Name (Last, First, Middle Initial)
 Todd Long
 Mailing Address
 1002 Loch Ness Avenue
 City State Zip Code
 Worthington OH 43085
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 15.00
 Name of Employer Occupation
 Motorists Mutual Insurance Company Manager
 Payroll Deduction \$15 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
 Transaction ID: SA11A1.5025

C. Full Name (Last, First, Middle Initial)
 Omile Lyons, II
 Mailing Address
 1165 Starbuck Ct.
 City State Zip Code
 Westerville OH 43081
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 27.00
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Payroll Deduction \$27 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 567.00
 Transaction ID: SA11A1.5026

SUBTOTAL of Receipts This Page (optional) ▶ **57.00**
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: PAGE 13 / 18

(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 (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
Joseph Merkel

Mailing Address
5725 Ballymead Blvd.

City State Zip Code
Dublin OH 43016

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Transaction ID: SA11A1.5027

B. Full Name (Last, First, Middle Initial)
Mark Nixon

Mailing Address
662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Transaction ID: SA11A1.5028

C. Full Name (Last, First, Middle Initial)
Thomas Ogg

Mailing Address
10167 Chelton Wood

City State Zip Code
Powell OH 43065

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Secretary

Payroll Deduction \$40 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 840.00

Transaction ID: SA11A1.5029

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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 14 / 18	
	<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. Paul Richards
 Full Name (Last, First, Middle Initial)
 Mailing Address: 287 Weatherburn Ct.
 City: Powell State: OH Zip Code: 43065
 Date of Receipt: 10 / 11 / 2002
 Amount of Each Receipt this Period: 15.00
 Payroll Deduction \$15 bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00
 Transaction ID: SA11A1.5030

B. Randolph Rudowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1026 Loch Ness Avenue
 City: Worthington State: OH Zip Code: 43085
 Date of Receipt: 10 / 11 / 2002
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction \$25 bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00
 Transaction ID: SA11A1.5031

C. Karen Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1252 Pond Hollow Lane
 City: New Albany State: OH Zip Code: 43054
 Date of Receipt: 10 / 11 / 2002
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction \$25 bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00
 Transaction ID: SA11A1.5033

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**
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 15 / 18	
	<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)
 Ralph Smithers, Jr.
 Mailing Address
 4318 Portobello Drive
 City State Zip Code
 Gahanna OH 43230
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 15.00
 Name of Employer Occupation
 Motorists Mutual Insurance Company Manager
 Payroll Deduction \$15 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
 Transaction ID: SA11A1.5034

B. Full Name (Last, First, Middle Initial)
 Charles Stapleton
 Mailing Address
 12738 Wheaton Avenue
 City State Zip Code
 Pickerington OH 43147
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 25.00
 Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President
 Payroll Deduction \$25 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00
 Transaction ID: SA11A1.5035

C. Full Name (Last, First, Middle Initial)
 Duane Swartz
 Mailing Address
 1505 Clubview Blvd., S.
 City State Zip Code
 Columbus OH 43235
 Date of Receipt
 N M / D E / Y Y Y Y
 10 11 2002
 Amount of Each Receipt this Period
 30.00
 Name of Employer Occupation
 Motorists Mutual Insurance Company Senior Vice President
 Payroll Deduction \$30 bi-weekly
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 630.00
 Transaction ID: SA11A1.5036

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**
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 16 / 18	
	<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. James Vermilion

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
919 Byron Avenue _____ 10 / 11 / 2002
City State Zip Code _____
Columbus OH 43227 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 35.00

Name of Employer Occupation Payroll Deduction \$35 bi-weekly
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 735.00

Transaction ID: SA11A1.5037

B. Richard Walton

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
3249 Scioto Run Blvd. _____ 10 / 11 / 2002
City State Zip Code _____
Hilliard OH 43026 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 25.00

Name of Employer Occupation Payroll Deduction \$25 bi-weekly
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 525.00

Transaction ID: SA11A1.5038

C. Peter Wasserberger

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
7105 Lakebrook Blvd. _____ 10 / 11 / 2002
City State Zip Code _____
Columbus OH 43235 _____ Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 20.00

Name of Employer Occupation Payroll Deduction \$20 bi-weekly
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 420.00

Transaction ID: SA11A1.5039

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 17 / 18	
	<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
 N M / D E / Y Y Y Y
 10 / 11 / 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) ▼ 830.00

Transaction ID: SA11A1.5040

B. Full Name (Last, First, Middle Initial)
 Charles Williams

Mailing Address
 8D Barleycorn Drive

City State Zip Code
 Sunbury OH 43074

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 2002

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: SA11A1.5041

C. Full Name (Last, First, Middle Initial)
 Michael Weeman

Mailing Address
 9D Timberknoll Loop

City State Zip Code
 Powell OH 43065

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 11 / 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) ▼ 735.00

Transaction ID: SA11A1.5042

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	804.00

**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)

PAGE 18 / 18

<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)

<p>Full Name (Last, First, Middle Initial) A. Citizens for Geoffrey C. Smith</p>			<p>Date of Disbursement 10 / 03 / 2002</p>	
<p>Mailing Address 865 Macon City State Zip Code Columbus OH 43208</p>			<p>Amount of Each Disbursement this Period 150.00</p>	
<p>Purpose of Disbursement State Political Contribution</p>			<p>Transaction ID: SB29.5043</p>	
<p>Candidate Name</p>				
<p>Office Sought: House Senate President</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		
<p>State: District:</p>				
<p>Full Name (Last, First, Middle Initial) B. Husted for State Representative</p>			<p>Date of Disbursement 10 / 07 / 2002</p>	
<p>Mailing Address 148 Sherbrooke Drive City State Zip Code Kettering OH 45429</p>			<p>Amount of Each Disbursement this Period 250.00</p>	
<p>Purpose of Disbursement State Political Contribution</p>			<p>Transaction ID: SB29.5044</p>	
<p>Candidate Name</p>				
<p>Office Sought: House Senate President</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		
<p>State: District:</p>				

C.

SUBTOTAL of Disbursements This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	400.00