FEC FORM 3X	AN	EPORT (ND DISB Other Than	URSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING	L/	ample:If typing er the lines	, type			
ADDRESS (number and	street)	71 E BROAD ST						
Check if differ than previousl reported. (ACC		OLUMBUS					43215	-
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛤		ç	STATE	ZIPCOI	DE 🔺
C00336834	• • • •		3. IS THIS REPORT		NEW N) OR	Al (A	MENDED	
(Choose One)			Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)		9 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly October Quarterly	Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3)	(c) 12-Day PRE -Ele Report f) Rrimary (12P Convention (Oct General Special (12G)	Jan 31 (YE) Runoff (12R)
July 31 M	Report(YE) lid-Year on-election	(d) 30-Day Post -E	Election on	General (300		Runoff (in the State o	f Special (30S)
	on Report	Report f				2006	in the State o	ОН
5. Covering Period	10	27 2	006	through	11	27	2006	
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 L. Wiseman								
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 11 29 2006								
NOTE : Submission of f	alse, erroneous	s, or incomplete in	nformation may s	ubject the pers	on signing this	Report to the	e penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 02/20	

Image# 26930563180

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	•••••••••••••••••••••••••••••••••••••••	Page 2
V	Vrite or Type Committee Name MOTORISTS INSURANCE CIVIC F	UND	
F	Report Covering the Period: From:	10 27 Y Y W Y 2006 T	o: M M Z 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		10444.37
	(b) Cash on Hand at Begining of Reporting Period	2359.67	
	(c) Total Receipts (from Line 19)		21813.80
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	. 5517.67	32258.17
7.	Total Disbursements (from Line 31)		26816.34
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 5441.83	5441.83
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)		

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

		OF RECEIPTS	
	FEC Form 3X (Rev. 02/2003)		Page 3
V	rite or Type Committee Name MOTORISTS INSURANCE CIVIC FUND		
F	eport Covering the Period: From:	27 2006	To: M M M 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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	2987.00	13794.00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	171.00	7874.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	3158.00	21668.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	3158.00	21668.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
		0.00	0.00
14. 15.	Loan Repayments Received Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal candidates and Other		
	Political Committees	0.00	132.83
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	12.97
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d),	0450.00	01010.00
	12, 13, 14, 15, 16, 17, and 18(c))	3158.00	21813.80
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	3158.00	21813.80
	(

DETAILED SUMMARY PAGE

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Image# 26930563182

DETAILED SUMMARY PAGE

	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	4.50	45.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	4.50	45.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	4000.00
24.	Independent Expenditure (use Schedule E)	71.34	71.34
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	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	0.00	22700.00
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))	75.84	26816.34
32.	Total Federal Disbursements		
J	(subtract Line 21(a)(ii) from Line 30(a)(ii)	75.84	26816.34

Image# 26930563183

DETAILED SUMMARY PAGE

	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)	3158.00	21668.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3158.00	21668.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4.50	45.00
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	45.00

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 21		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
	EMIZED RECEIPTS		Detailed Summary Page			
Δr	y information copied from such Reports and Sta	atomonte may	v not be sold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
∇	NAME OF COMMITTEE (In Full)					
	MOTORISTS INSURANCE CIVIC FUN	D				
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan			Date of Receipt		
	Mailing Address 5658 Tynecastle Loop			M M / D D / Y Y Y Y 11 / 27 / 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6421		
	Dublin	OH	43016	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Manager		Payroll deduction		
	Receipt For:		e Year-to-Date 🔻	_		
	Primary General		245.00	1		
	Other (specify)	0 0	345.00			
в.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt		
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6422		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction		
	<u>Co.</u>		n, President and CEO			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify)		1150.00			
С.	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt		
	Mailing Address 6984 Linbrook Blvd.			M M / D D / Y Y Y Y 11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6451		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Motorists Mutual Insurance	Occupation Manager		Payroll deduction		
	Company Receipt For:		e Year-to-Date 🔻			
	Primary General			1		
	Other (specify)	0 0	345.00			
s	UBTOTAL of Receipts This Page (optional)			240.00		
\vdash	,			-		
	OTAL This Period (last page this line number o	nlv)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 / 21 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\mathbb{N}	NAME OF COMMITTEE (In Full)	_				
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUNE)				
A.	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt		
	Mailing Address 6436 Meadow Glen N			M M / D D / Y Y Y Y 1 1 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6424		
	Westerville	OH	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction		
	Company	Manager	Veerste Dete			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1		
	Other (specify)	0 0	345.00			
в.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt		
	Mailing Address 5760 Whispering Trail	1 1 / D D / Y Y Y Y 1 1 / 27 / 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6425		
	Galena	OH	43021	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		75.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation Vice Pres		 Payroll deduction 		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	575.00]		
<u></u>	Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt		
	Mailing Address 7042 Tralee Drive			M M / D D / Y Y Y Y 1 1 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6426		
	Dublin	OH	43017	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		51.00		
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction		
	Company Receipt For:	Manager Aggregate	Year-to-Date V	_		
	Primary General Other (specify) ▼		391.00]		
s	UBTOTAL of Receipts This Page (optional)		······	171.00		
T	OTAL This Period (last page this line number or	חוץ)				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/21		
			or each category of the			
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar	y information copied from such Reports and Stat	tements may	not be sold or used by any perso			
	for commercial purposes, other than using the na					
Ν	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUNE					
Α.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt		
	Mailing Address 10544 Smoke Road, SW	Ι		M M / D D / Y Y Y Y 11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6427		
	Pataskala	OH	43062	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer	Occupation	ı	Payroll deduction		
	Motorists Mutual Insurance Company	Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		345.00	1		
	Other (specify)	0 0				
В.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt		
υ.	Mailing Address 6323 Cook Road					
				11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6428		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		75.00		
				Devrell deduction		
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction		
	Company	Vice Pres				
	Receipt For: Primary General	Aggregate	e Year-to-Date V			
	Other (specify) ▼	0 0	575.00			
_	Full Name (Last, First, Middle Initial)					
C.	Douglas L. Dodson Mailing Address 5922 Coventry Lake Driv			Date of Receipt		
	Mailing Address 5922 Coventry Lake Driv	/e		1 1 2 7 Y Y Y Y 1 1 1 2 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.6430		
	Hilliard	OH	43026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Motorists Mutual Insurance	Occupation	ı	Payroll deduction		
	Co.	Manager	e Year-to-Date ▼			
	Receipt For:					
	Primary General		345.00			
	Other (specify)	<u> </u>		1		
6	UBTOTAL of Receipts This Page (optional)			165.00		
F			••••••			
т	OTAL This Period (last page this line number or	ıly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 9/21 (check only one)		
			Detailed Summary Page			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUNE	0				
A.	Full Name (Last, First, Middle Initial) Mr. Robert E. Downes			Date of Receipt		
	Mailing Address 149 Westview Drive, S.V.	Ν.		1 1 / 2 7 / Y Y Y Y 1 1 1 / 2 7 / 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.6431		
	Reynoldsburg	OH	43068	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			350.00		
	Name of Employer Motorists Mutual Insurance	Occupation		One time contribution		
	Co. Receipt For:	Vice Pres	e Year-to-Date ▼	_		
	Primary General	riggrogato		1		
	Other (specify)	0 0	350.00			
в.	Full Name (Last, First, Middle Initial) Michael D. Finch			Date of Receipt		
	Mailing Address 8857 Chateau Drive	M M / D D / Y Y Y Y 111 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6432		
	Pickerington	OH	43147	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		45.00			
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction		
	Company Receipt For:	Manager	Year-to-Date V			
	Primary General	Ayyreyale		1		
	Other (specify)	0 0	345.00			
С.	Full Name (Last, First, Middle Initial) Charles R. Gaskill			Date of Receipt		
	Mailing Address 1425 Briarmeadow Dr.			M M / D D / Y Y Y Y 1 1 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6433		
	Worthington	ОН	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Motorists Mutual Insurance	Occupation	ו	Payroll deduction		
	Company Receipt For:	Manager Aggregate	Year-to-Date V	_		
	Primary General Other (specify) ▼		230.00]		
s	UBTOTAL of Receipts This Page (optional)			425.00		
Т	OTAL This Period (last page this line number or	וא)	· · · · · · · · · · · · · · · · · · ·			

64				FOR LINE NUMBER: PAGE 10/21		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	-				
17	MOTORISTS INSURANCE CIVIC FUNI	U				
	Full Name (Last, First, Middle Initial)					
Α.	Shaun D. Gregoire			Date of Receipt		
	Mailing Address 396 Shelby Avenue, East	st		M M / D D / Y Y Y Y		
				11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6434		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		45.00		
	federal political committee.					
	Name of Employer	Occupatio	n	Payroll deduction		
	Motorists Mutuál Insurance Company	Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		345.00	11		
	Other (specify) 🔻			1		
	Full Name (Least First Middle Initial)					
в.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt		
	Mailing Address 5999 Lane Road					
				11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6435		
	Centerburg	OH	43011	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		45.00		
	federal political committee.					
	Name of Employer	Occupatio	n	 Payroll deduction 		
	Motorists Mutual Insurance Company	Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		0.45.00	1		
	Other (specify)		345.00			
c	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt		
0.	Mailing Address 813 East College Avenu	10				
	To East College Avenu			11 27 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6436		
	Westerville	ОН	43081	Amount of Each Receipt this Period		
	FEC ID number of contributing	0				
	federal political committee.	С		45.00		
	Name of Employer	Occupatio		Payroll deduction		
	Motorists Mutuál Insurance	Manager				
	Company Receipt For: Primary General		e Year-to-Date 🔻			
				1		
	Other (specify)	0 0	345.00			
_		-				
				105.00		
s	UBTOTAL of Receipts This Page (optional)			135.00		
				-		
T	OTAL This Period (last page this line number of	nly)	Þ			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/21	
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
۸r	y information copied from such Reports and Sta	tomonte ma	u not be cold or used by any perc	13 14 15 16 17	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	oslicit contributions from such committee.	
∇	NAME OF COMMITTEE (In Full)				
	MOTORISTS INSURANCE CIVIC FUN				
Α.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt	
	Mailing Address 1409 Snowmass Road			1 1 / 2 7 / Y Y Y Y 1 1 1 2 7 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11A1.6437	
	Columbus	OH	43235	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Motorists Mutual Insurance Company	Occupation Corporat	n e Actuary	 Payroll deduction 	
	Receipt For:		e Year-to-Date V		
	Primary General Other (specify) ▼		345.00	1	
	Full Name (Last, First, Middle Initial)				
В.	Jeffrey O. Hoover			Date of Receipt	
	Mailing Address 4556 Dirham Court			1 1 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.6438	
	Hilliard	ОН	43026	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Motorists Mutual Insurance	Occupatio	n	Payroll deduction	
	Motorists Mutual Insurance Company	Manager			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		345.00	1	
	Other (specify) 🔻	0 0	0 0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Wallace S. Hysell			Date of Receipt	
0.	Mailing Address 2007 Twin Flower Circle	9		M M / D D / Y Y Y Y 1 1 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.6439	
	Grove City	OH	43123	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction	
	<u>Co.</u>	Manager		_	
	Receipt For: Primary General		e Year-to-Date 🔻		
	Other (specify) ▼	0 0	345.00		
s	LUBTOTAL of Receipts This Page (optional)			135.00	
т	OTAL This Period (last page this line number o	nly)	· · · · · ·		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/21	
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
Ar	y information copied from such Reports and Sta	atements may	v not be sold or used by any pers		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\mathbb{N}	NAME OF COMMITTEE (In Full)	_			
	MOTORISTS INSURANCE CIVIC FUN	D			
́А.	Full Name (Last, First, Middle Initial) Larry D. Jones			Date of Receipt	
	Mailing Address 8407 Emeric Close			M M / D D / Y Y Y Y	
		State	Zip Code		
	City Reynoldsburg	OH	43068	Transaction ID: SA11A1.6441 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		30.00	
	Name of Employer Motorists Insurance Compa-	Occupation	1	Payroll deduction	
	nies Receipt For:	Manager	e Year-to-Date ▼		
	Primary General	Ayyreyaid		1	
	Other (specify)	0 0	230.00		
	Full Name (Last, First, Middle Initial)				
В.	David L. Kaufman			Date of Receipt	
	Mailing Address 7925 Greenside Lane			1 1 27 2006	
	City	State	Zip Code	Transaction ID: SA11A1.6442	
	Worthington	OH	43235	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		90.00	
	federal political committee.				
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction	
	Company		President, CIO		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-	
	Other (specify)		690.00		
				-	
C.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt	
	Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y	
			7.0.1	11 27 2006	
	City Johnstown	State OH	Zip Code 43031	Transaction ID: SA11A1.6443	
	FEC ID number of contributing		43031	Amount of Each Receipt this Period	
	federal political committee.	C		60.00	
	Name of Employer Motorists Mutual Insurance	Occupation	ı	Payroll deduction	
	Company	Vice Pres			
	Receipt For:		e Year-to-Date 🔻		
	Other (specify) ▼	0.0	460.00		
Γ					
s	UBTOTAL of Receipts This Page (optional)		I	180.00	
Т	OTAL This Period (last page this line number o	nly)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/21				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
•								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	MOTORISTS INSURANCE CIVIC FUN	D						
L	Full Name (Lest First Middle Initial)							
Α.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt				
	Mailing Address 6934 Roundwood Ct.							
	City	State	Zip Code	1 1 2 7 2 0 0 6 Transaction ID: SA11A1.6444				
	Dublin	OH	43016	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	С		75.00				
	Name of Employer	Occupatio	n	Payroll deduction				
	Motorists Mutual Insurance Company	Manager						
	Receipt For:		e Year-to-Date 🔻					
	Primary General		575.00	1				
	Other (specify)	0.0]				
	Full Name (Last, First, Middle Initial)							
в.	Teresa M. King			Date of Receipt				
	Mailing Address 1139 Tidewater Court			1 1 2 7 2 0 0 6				
	City	State	Zip Code	Transaction ID: SA11A1.6445				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		45.00				
	Name of Employer	Occupatio	n	Payroll deduction				
	Name of Employer Motorists Mutual Insurance Co.	Manager						
	Receipt For:	, v	e Year-to-Date 🔻					
	Primary General		345.00	1				
	Other (specify)	0 0		1				
	Full Name (Last, First, Middle Initial)							
C.	Michael Lisi			Date of Receipt				
	Mailing Address 6740 Callaway Court			1 1 2 7 2 0 0 6				
	City	State	Zip Code	Transaction ID: SA11A1.6448				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing			45.00				
	federal political committee.	С		43.00				
	Name of Employer	Occupatio	n	Payroll deduction				
	Motorists Mutuál Insurance Company	Manager						
	Receipt For:		e Year-to-Date 🔻	_				
	Cher (specify) ▼		345.00					
		0 0	0 0 0 0 0 0 0 0	1				
s	UBTOTAL of Receipts This Page (optional)		······	165.00				
т	OTAL This Period (last page this line number o	nly)	I					

50	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/21				
	•		Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persection of any political committee to the sold or used by any political committee to the sold of any p	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		·····					
$ \rangle$	MOTORISTS INSURANCE CIVIC FUNI	D						
				_				
Α.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt				
А.	Mailing Address 1002 Loch Ness Avenue	<u> </u>						
		5		11 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6449				
	Worthington	OH	43285	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		45.00				
	federal political committee.							
	Name of Employer Motorists Mutual Insurance	Occupation	n	Payroll deduction				
	Company	Manager						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Other (specify)		345.00					
		0 0	0 0 0 0 0 0 0	1				
	Full Name (Last, First, Middle Initial)							
В.	Orville R. Lyons, Il			Date of Receipt				
	Mailing Address 4848 St. Medan Drive			1 1 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6450				
	Westerville	ОН	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		81.00				
	Name of Employer	Occupation	n	Payroll deduction				
	Motorists Mutuál Insurance Co.	Vice Pres						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General		621.00	1				
	Other (specify)	0 0		1				
	Full Name (Last, First, Middle Initial)							
C.	Joseph E. Merkel			Date of Receipt				
	Mailing Address 344 Thomas Lane			1 1 2 7 2 0 0 6				
	City	State	Zip Code	Transaction ID: SA11A1.6423				
	London	OH	43140	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	С		45.00				
	Name of Employer Motorists Mutual Ins Co	Occupation	n	Payroll deduction				
	Motorists Mutuál Ins Co	Manager						
	Receipt For: Primary General		e Year-to-Date 🔻					
			345.00	1				
	Other (specify) 🔻			1				
s	UBTOTAL of Receipts This Page (optional)			171.00				
\vdash	,		•	-				
Т	OTAL This Period (last page this line number o	nly)						

50	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/21					
	• • •		Use separate schedule(s) or each category of the	(check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)		·····						
$ \rangle$	MOTORISTS INSURANCE CIVIC FUN	D							
\angle									
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Date of Receipt					
	Mailing Address 662 East Fifth Avenue								
				11 27 2006					
	City	State	Zip Code	Transaction ID: SA11A1.6452					
	Lancaster	OH	43130	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		45.00					
				- Povroll deduction					
	Name of Employer Motorists Mutual Insurance	Occupation	n	Payroll deduction					
	Company	Manager							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
	Other (specify)		345.00						
_	Full Name (Last, First, Middle Initial)								
в.	Thomas C. Ogg Mailing Address 10167 Chelton Wood			Date of Receipt					
	Mailing Address 10167 Chelton Wood			1 1 ^D 2 7 ^Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA11A1.6453					
	Powell	OH	43065	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		120.00					
	federal political committee.								
	Name of Employer	Occupation	n	Payroll deduction					
	Motorists Mútuál Insurance Company	Secretary							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
	Other (specify)		920.00						
		0 0	0 0 0 0 0 0 0						
_	Full Name (Last, First, Middle Initial)								
C.	Mr. Mark Peacock			Date of Receipt					
	Mailing Address 4460 Swenson Street			1 1 2 7 Y Y Y Y 1 1 1 2 7 2 0 0 6					
	City	State	Zip Code	Transaction ID: SA11A1.6454					
	Hilliard	OH	43026	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		45.00					
	federal political committee.								
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction					
	Motorists Mútuál Insurance <u>Co.</u> Receipt For: Primary General Other (specify) ▼		Resources Manager	_					
			e Year-to-Date ▼						
			345.00						
	• (cp = 20.7) •	0 0	0 0 0 0 0 0 0	1					
	1								
s	UBTOTAL of Receipts This Page (optional)		······	210.00					
\vdash				-					
Т	OTAL This Period (last page this line number o	nly)							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/21				
	•		Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	MOTORISTS INSURANCE CIVIC FUN	D						
\angle				_				
Α.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt				
А.	Mailing Address 325 Olenview Circle							
	Szo Cleriview Circle			11 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6456				
	Powell	OH	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		45.00				
	federal political committee.							
	Name of Employer	Occupatio	n	Payroll deduction				
	Motorists Mútuál Insurance Co.	Manager						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Cher (specify) ▼		345.00					
		0.0		1				
	Full Name (Last, First, Middle Initial)							
В.	Paul J. Richards			Date of Receipt				
	Mailing Address 4732 Golf Village Drive			11 / 27 / Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.6457				
	Powell	OH	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	С		45.00				
	Name of Employer	Occupatio	n	- Payroll deduction				
	Motorists Mutual Insurance Company	Manager						
	Receipt For:	· ·	e Year-to-Date 🔻					
	Primary General	1 1	245.00	1				
	Other (specify)	0 0	345.00]				
	Full Name (Last, First, Middle Initial)							
C.	Randolph A. Rudowicz			Date of Receipt				
	Mailing Address 1026 Loch Ness Avenue	e						
		01-1-	Zin Code	11 27 2006				
	City Worthington	State OH	Zip Code 43085	Transaction ID: SA11A1.6458 Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		75.00				
	Name of Employer	Occupatio	n	Payroll deduction				
	Name of Employer Motorists Mutual Insurance	Manager						
	Company Receipt For:		e Year-to-Date 🔻					
	Primary General			1				
	Other (specify)	0 0	575.00					
				165.00				
	UBTOTAL of Receipts This Page (optional)		·····					
т	OTAL This Period (last page this line number o	nly)						
	· · · · ·							

5	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17/21					
	· · ·		Use separate schedule(s) or each category of the	(check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	MOTORISTS INSURANCE CIVIC FUN	D							
	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Data of Despirat					
Α.	Mailing Address 1252 Pond Hollow Lane	<u> </u>		Date of Receipt					
				11 27 2006					
	City	State	Zip Code	Transaction ID: SA11A1.6459					
	New Albany	OH	43054	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		75.00					
	federal political committee.								
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction					
	Company	Vice Pres							
	Receipt For: Primary General	Aggregate	e Year-to-Date V	_					
	Other (specify)		575.00						
		0 0							
	Full Name (Last, First, Middle Initial)								
В.	Ralph W. Smithers, Jr.			Date of Receipt					
	Mailing Address 6418 Summers Nook D	rive		$\begin{array}{c c} M & M & / & D & D & / & Y & Y & Y \\ \hline 1 & 1 & 2 & 7 & 2 & 0 & 0 & 6 \\ \hline Transaction ID: SA11A1.6460 & \\ \end{array}$					
	City	State	Zip Code						
	New Albany	ОН	43054	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		45.00					
	federal political committee.			45.00					
	Name of Employer	Occupatio	n	Payroll deduction					
	Name of Employer Motorists Mutual Ins Co	Manager							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General		345.00	1					
	Other (specify) 🔻	1 1							
	Full Name (Last, First, Middle Initial)								
C.	Charles D. Stapleton			Date of Receipt					
	Mailing Address 6900 Kindler Drive			1 1 2 7 2 0 0 6					
	City	State	Zip Code	Transaction ID: SA11A1.6462					
	New Albany	OH	43054	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		75.00					
	Name of Employer Motorists Mutual Insurance Company Receipt For:		n	- Payroll deduction					
			ice President						
			e Year-to-Date 🔻						
	Primary General		575.00	1					
	Other (specify) v	0 0		1					
5	UBTOTAL of Receipts This Page (optional)			195.00					
F									
т	OTAL This Period (last page this line number of	only)	I						

6				FOR LINE NUMBER: PAGE 18/21					
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12					
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the r	name and add	aress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)	-							
1/	MOTORISTS INSURANCE CIVIC FUNI	U							
<u> </u>	Full Name (Last, First, Middle Initial)								
Α.	Tamera A. Stephens			Date of Receipt					
	Mailing Address 8816 Cooks Hill Road			M M / D D / Y Y Y Y					
		0	7	11 27 2006					
	City	State	Zip Code	Transaction ID: SA11A1.6463					
	Glenford	OH	43739	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	reueral political committee.								
	Name of Employer	Occupation	า	Payroll deduction					
	Motorists Mutuál Insurance Company	Vice Pres							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General		575.00	1					
	Other (specify)		070.00	1					
	Full Nome (Leet First Middle 1-22-1)								
В.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt					
	Mailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y					
				11 27 2006					
	City	State	Zip Code	Transaction ID: SA11A1.6464					
	Lewis Center	OH	43035	Amount of Each Receipt this Period					
	FEC ID number of contributing	C		75.00					
	federal political committee.	С							
	Name of Employer	Occupation	1	 Payroll deduction 					
	Motorists Mutual Insurance Co.	Manager							
	Receipt For:	, v	Year-to-Date V	1					
	Primary General			1					
	Other (specify)		575.00]]					
c	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt					
0.				—					
	Mailing Address 919 Byron Avenue			1 1 2 7 2 0 0 6					
	City	State	Zip Code	Transaction ID: SA11A1.6465					
	Columbus	OH	43227	Amount of Each Receipt this Period					
	FEC ID number of contributing	0		105.00					
	federal political committee.	С		105.00					
	Name of Employer	Occupatio	<u>ו</u>	- Payroll deduction					
	Motorists Mutual Insurance	Vice Pres							
	Company Receipt For:	_	e Year-to-Date V						
	Primary General			1					
	Other (specify)	0 0	805.00						
_									
				055.00					
s	UBTOTAL of Receipts This Page (optional)			255.00					
1 -	OTAL This Period (last page this line number o	nlv)							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19/21				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar	y information copied from such Reports and Sta	atements may	unot be sold or used by any pers					
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.				
\sum	NAME OF COMMITTEE (In Full)							
	MOTORISTS INSURANCE CIVIC FUN	D						
́А.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt				
	Mailing Address 3249 Scioto Run Blvd.			M M / D D / Y Y Y Y 11 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6466				
	Hilliard	OH	43026	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		75.00				
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction				
	Company Receipt For:		e Year-to-Date V	_				
	Primary General	, iggi oguio		1				
	Other (specify)	0 0	575.00					
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt				
	Mailing Address 7105 Lakebrook Blvd.			M M / D D / Y Y Y Y 1 1 27 2006				
	City		Zip Code	Transaction ID: SA11A1.6467				
	Columbus	OH	43235	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		60.00				
	Name of Employer Motorists Mutual Insurance	Occupation	n	Payroll deduction				
	Company	Vice Pres						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)		460.00					
		0 0						
C.	Full Name (Last, First, Middle Initial) Charles A. Wickert			Date of Receipt				
	Mailing Address 5519 Medallion Drive W	'.		M M / D D / Y Y Y Y 11 27 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6468				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			90.00				
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction				
	Company		ice President	_				
	Receipt For: Primary General	Aggregate	e Year-to-Date V	_				
	Other (specify)	0 0	690.00					
s	I UBTOTAL of Receipts This Page (optional)			225.00				
т	OTAL This Period (last page this line number o	nly)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statem or for commercial purposes, other than using the name			Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 20 / 21 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 10 10 17
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUN	D		
Α.	Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E. City Sunbury	State OH	Zip Code 43074	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	C Occupation Manager Aggregate	n • Year-to-Date ▼ 345.00	45.00 Payroll deduction
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop City Powell FEC ID number of contributing federal political committee.	State OH	Zip Code 43065	Date of Receipt
	Name of Employer Motorists Mutual Insurance <u>Company</u> Receipt For: Primary General Other (specify) ▼	Occupation Treasure Aggregate		 Payroll deduction

SUBTOTAL of Receipts This Page (optional)	►				150.00	
TOTAL This Period (last page this line number only)	►			 2	2987.00	

Image# 26930563199 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURI		PAGE 21 / 21	
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUND			
Check if24-hour notice48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNITEMIZED Independent Expenditures		M M /	DD/YYYYY
Mailing Address		Amount	
			.00
01-1-	7	Transaction	ID:
City State	Zip Code	Office Sought	: House State:
Purpose of Expenditure	Category/ Type		Senate District: Presidential
Name of Federal Candidate supported or Opposed by expend	iture:	Check One:	Support Oppose
		Disbursement	For: Primary General
Calendar Year-To-Date Per Election for Office Sought		Othe	r (specify) :

(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
(b) SUBTOTAL of Unitemized Independent Expenditures	71.34					
(c) TOTAL Independent Expenditures	71.34					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Date Date						