

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

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, 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 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2007 through 06 30 2007

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 07 16 2007

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**

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">7124.40</td></tr></table>	7124.40
Y	Y	Y	Y									
2	0	0	7									
7124.40												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">7124.40</td></tr></table>	7124.40										
7124.40												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">22306.26</td></tr></table>	22306.26	<table border="1" style="width: 100%;"><tr><td align="right">22306.26</td></tr></table>	22306.26								
22306.26												
22306.26												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">29430.66</td></tr></table>	29430.66	<table border="1" style="width: 100%;"><tr><td align="right">29430.66</td></tr></table>	29430.66								
29430.66												
29430.66												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">18711.82</td></tr></table>	18711.82	<table border="1" style="width: 100%;"><tr><td align="right">18711.82</td></tr></table>	18711.82								
18711.82												
18711.82												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">10718.84</td></tr></table>	10718.84	<table border="1" style="width: 100%;"><tr><td align="right">10718.84</td></tr></table>	10718.84								
10718.84												
10718.84												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	10981.00	10981.00
(i) Itemized (use Schedule A)	11312.00	11312.00
(ii) Unitemized	22293.00	22293.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22293.00	22293.00
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 37, page 5)	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.)	13.26	13.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(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), 12, 13, 14, 15, 16, 17, and 18(c))	22306.26	22306.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22306.26	22306.26

DETAILED SUMMARY PAGE

of Disbursements

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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.....	9.00	9.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9.00	9.00
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)	34.82	34.82
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.....	18668.00	18668.00
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))..	18711.82	18711.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18711.82	18711.82

DETAILED SUMMARY PAGE
of Disbursements

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)	22293.00	22293.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22293.00	22293.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.00	9.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	9.00

**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 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Michael J. Agan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 5658 Tynecastle Loop		Transaction ID: SA11A1.7095
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Michael J. Agan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 5658 Tynecastle Loop		Transaction ID: SA11A1.7096
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Michael J. Agan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 5658 Tynecastle Loop		Transaction ID: SA11A1.7288
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael J. Agan		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 5658 Tynecastle Loop		Transaction ID: SA11A1.7374
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.	Payroll deduction of \$30 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt MM / DD / YYYY 02 / 23 / 2007
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6732
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. John J. Bishop		Date of Receipt MM / DD / YYYY 03 / 09 / 2007
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6784
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 8 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John J. Bishop		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6855
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt MM / DD / YYYY 04 / 06 / 2007
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6929
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. John J. Bishop		Date of Receipt MM / DD / YYYY 04 / 20 / 2007
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.7003
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$80 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John J. Bishop		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.7218	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$80 per pay	
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.7097	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$80 per pay	
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00		

Full Name (Last, First, Middle Initial) C. John J. Bishop		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.7098	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$80 per pay	
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
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 10 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.7289

Amount of Each Receipt this Period
80.00

Payroll deduction of \$80 per pay

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

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7375

Amount of Each Receipt this Period
80.00

Payroll deduction of \$80 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2007

Transaction ID: SA11A1.7223

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	185.00
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 11 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.7107

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.7108

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.7294

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Grady Campbell

Mailing Address 5760 Whispering Trail

City State Zip Code
Galena OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7380

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.7296

Amount of Each Receipt this Period
17.00

Payroll deduction of \$17 per pay

C. Full Name (Last, First, Middle Initial)
John D. Coffman

Mailing Address 7042 Tralee Drive

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7381

Amount of Each Receipt this Period
17.00

Payroll deduction of \$17 per pay

SUBTOTAL of Receipts This Page (optional) ► 59.00

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 13 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. John L. Cooper

Mailing Address 4217 St. George Lane

City State Zip Code
Naples FL 34119-7505

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: SA11A1.6697

Amount of Each Receipt this Period
750.00

Annual cash donation

B. Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: SA11A1.7227

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: SA11A1.7113

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel L. Crawford		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.7114	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel L. Crawford		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.7299	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Daniel L. Crawford		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.7383	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Douglas L. Dodson		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 5922 Coventry Lake Drive		Transaction ID: SA11A1.7118
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Douglas L. Dodson		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address 5922 Coventry Lake Drive		Transaction ID: SA11A1.7301
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Douglas L. Dodson		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 5922 Coventry Lake Drive		Transaction ID: SA11A1.7385
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Daniel E. Evans		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 300 Bowen Road		Transaction ID: SA11A1.6916
City State Zip Code Canal Winchester OH 43110	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Cash Donation	
Name of Employer Motorists Mutual Ins. Co. Occupation Director	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Larry L. Forrester		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2007
Mailing Address 7542 East Rush Ridge Road		Transaction ID: SA11A1.6693
City State Zip Code Bloomington IN 47401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Annual cash donation	
Name of Employer Motorists Mutual Insurance Co. Occupation Director	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Susan E. Haack		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2007
Mailing Address 1025 8th Street		Transaction ID: SA11A1.6717
City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Cash Contribution	
Name of Employer Iowa Mutual Ins. Co. Occupation President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack

Mailing Address 1025 8th Street

City State Zip Code
DeWitt IA 52742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Mutual Ins. Co. President

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.6920

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack

Mailing Address 1025 8th Street

City State Zip Code
DeWitt IA 52742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Mutual Ins. Co. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.6990

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mrs. Susan E. Haack

Mailing Address 1025 8th Street

City State Zip Code
DeWitt IA 52742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Mutual Ins. Co. President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.7207

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 18 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1025 8th Street		Transaction ID: SA11A1.7068
City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Iowa Mutual Ins. Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mrs. Susan E. Haack		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1025 8th Street		Transaction ID: SA11A1.7069
City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Iowa Mutual Ins. Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Mrs. Susan E. Haack		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1025 8th Street		Transaction ID: SA11A1.7276
City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Iowa Mutual Ins. Co.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 19 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1025 8th Street		Transaction ID: SA11A1.7363	
City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Iowa Mutual Ins. Co.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) B. Mrs. Tami Jones-Fahser		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 5729 Superior Avenue		Transaction ID: SA11A1.7368	
City State Zip Code Sheboygan WI 53083	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2007	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.6950	
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

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 20 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7023
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7238
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7139
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 21 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7140	
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7312	
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.7395	
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 22 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John C. Kessler		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 3910 Caswell Road		Transaction ID: SA11A1.7143	
City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 3910 Caswell Road		Transaction ID: SA11A1.7313	
City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John C. Kessler		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 3910 Caswell Road		Transaction ID: SA11A1.7396	
City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$20 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	60.00
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 23 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anne B. King		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.7240	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Anne B. King		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.7144	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Anne B. King		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.7145	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	75.00
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 24 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anne B. King		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.7314
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Anne B. King		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.7397
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert D. Lambert		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 3 Gingerwood Lane		Transaction ID: SA11A1.6716
City Bettendorf	State IA	Zip Code 52722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Iowa Mutual Ins. Co.	Occupation Director	Cash Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 25 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. David W. Lemon		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 345 Southshore Drive		Transaction ID: SA11A1.6847
City State Zip Code Greenback TN 37742	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Cash donation
Name of Employer American Hardware Mutual Ins.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.7032
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$27 per pay
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.7246
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$27 per pay
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional) ▶	554.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 26 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.7156
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$27 per pay	
Name of Employer Motorists Mutual Insurance Co. Occupation Vice President	Aggregate Year-to-Date ▼ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.7157
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$27 per pay	
Name of Employer Motorists Mutual Insurance Co. Occupation Vice President	Aggregate Year-to-Date ▼ 297.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.7320
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$27 per pay	
Name of Employer Motorists Mutual Insurance Co. Occupation Vice President	Aggregate Year-to-Date ▼ 324.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	81.00
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 27 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Orville R. Lyons, II

Mailing Address 4848 St. Medan Drive

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7403

Amount of Each Receipt this Period
27.00

Payroll deduction of \$27 per pay

B. Full Name (Last, First, Middle Initial)
Mr. Charles A. Martz

Mailing Address 7705 Ridgeview Way

City State Zip Code
Chanhausen MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hardware Mutual Ins.
Occupation Sr. VP & Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7422

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code
Manitowoc WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Ins. Co.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.7287

Amount of Each Receipt this Period
45.00

Payroll deduction of \$45 per pay

SUBTOTAL of Receipts This Page (optional)	97.00
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 28 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert L. McCracken		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 2135 Hunters Ridge Court		Transaction ID: SA11A1.7373
City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$45 per pay	
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.6761
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.6884
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 29 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.6960
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.7034
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.7248
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per day	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 30 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.7160
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.7161
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.7322
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 31 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10167 Chelton Wood

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7405

Amount of Each Receipt this Period
50.00

Payroll deduction of \$50 per pay

B. Full Name (Last, First, Middle Initial)
Mr. James J Owen

Mailing Address 1312 Springbrook Lane

City State Zip Code
DeWitt IA 52742

FEC ID number of contributing federal political committee. **C**

Name of Employer
Iowa Mutual Ins. Co.

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2007

Transaction ID: SA11A1.6718

Amount of Each Receipt this Period
500.00

Cash Contribution

C. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Ins. Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2007

Transaction ID: SA11A1.7254

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	575.00
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 32 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.7170
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.7171
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Randolph A. Rudowicz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.7327
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 33 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.7410	
City Worthington	State OH	Zip Code 43085	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Vice President	Aggregate Year-to-Date 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Karen L. Schwartz		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.7255	
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Karen L. Schwartz		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.7173	
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	75.00
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 34 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2007

Transaction ID: SA11A1.7174

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.7328

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.7411

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 35 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert C. Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 29270 Hampshire Place		Transaction ID: SA11A1.6695
City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Annual cash donation	
Name of Employer Motorists Mutual Ins. Co.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.7257
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.7177
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
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 36 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.7178	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.7330	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.7413	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 37 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.7258	
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.7179	
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.7180	
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 38 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.7331

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

B. Full Name (Last, First, Middle Initial)
Tamera A. Stephens

Mailing Address 8816 Cooks Hill Road

City State Zip Code
Glenford OH 43739

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.7414

Amount of Each Receipt this Period
25.00

Payroll deduction of \$25 per pay

C. Full Name (Last, First, Middle Initial)
Mr. Burtis G. Taylor

Mailing Address 4322 North Course Lane

City State Zip Code
Avon Park FL 33825

FEC ID number of contributing federal political committee. **C**

Name of Employer
American Hardware Mutual Ins.

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 23 / 2007

Transaction ID: SA11A1.6702

Amount of Each Receipt this Period
500.00

Cash Contribution

SUBTOTAL of Receipts This Page (optional)	550.00
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 39 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.7259	
City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.7181	
City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.7182	
City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	75.00
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 40 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.7332
City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.7415
City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.6895
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
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 41 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.6972	
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) B. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7045	
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7260	
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

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 42 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7183	
City Columbus	State OH	Zip Code 43227	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7184	
City Columbus	State OH	Zip Code 43227	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 385.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7333	
City Columbus	State OH	Zip Code 43227	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 43 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.7416
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$35 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) B. Richard J. Walton		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.7261
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Richard J. Walton		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.7185
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll deduction of \$25 per pay
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	85.00
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 44 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd. City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.7186 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd. City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.7334 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Richard J. Walton Mailing Address 3249 Scioto Run Blvd. City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.7417 Amount of Each Receipt this Period 25.00 Payroll deduction of \$25 per pay
Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
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 45 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
06 / 01 / 2007

Transaction ID: SA11A1.7188

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

B. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.7335

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

C. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.7418

Amount of Each Receipt this Period
20.00

Payroll deduction of \$20 per pay

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 46 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Garry L. Wharton		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 9024 Wildlife Loop		Transaction ID: SA11A1.6699	
City State Zip Code Sarasota FL 34238-4004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Annual cash donation		
Name of Employer Motorists Mutual Ins. Co.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.6975	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7048	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 47 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7263	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7189	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7190	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 48 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7336
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.7419
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.6900
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 49 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.6977
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.7050
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.7268
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

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 50 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.7193
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.7194
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. Michael L. Wiseman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.7338
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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:		PAGE 51 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer
Motorists Mutual Insurance Company

Occupation
Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA11A1.7421

Amount of Each Receipt this Period
35.00

Payroll deduction of \$35 per pay

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	10981.00

**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 52 / 60

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Batchelder for Representative		Transaction ID: SB29.7058	
Mailing Address 105 West Liberty		Date of Disbursement 05 / 10 / 2007	
City Medina	State OH	Zip Code 44256	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign contribution		011 Category/ Type	
Candidate Name Batchelder for Representative			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 69		

Full Name (Last, First, Middle Initial) B. Citizens for DeWine		Transaction ID: SB29.6836	
Mailing Address 506 Crisp Wind Court		Date of Disbursement 03 / 19 / 2007	
City Fairborn	State OH	Zip Code 45324	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Breakfast Fundraiser on 3/21/07		011 Category/ Type	
Candidate Name Citizens for DeWine			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 70		

Full Name (Last, First, Middle Initial) C. Citizens for Hottinger		Transaction ID: SB29.6911	
Mailing Address 386 Sabrecutt Drive		Date of Disbursement 03 / 29 / 2007	
City Newark	State OH	Zip Code 43055	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 71		

SUBTOTAL of Disbursements This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Citizens for Kevin Bacon		Transaction ID: SB29.7056 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 5325 Ponderosa Drive		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43231		
Purpose of Disbursement Campaign Contribution Candidate Name Citizens for Larry Wolpert Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 21		

Full Name (Last, First, Middle Initial) B. Citizens for Kevin Bacon		Transaction ID: SB29.7346 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 5325 Ponderosa Drive		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43231		
Purpose of Disbursement Campaign Contribution Candidate Name Citizens for Kevin Bacon Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 21		

Full Name (Last, First, Middle Initial) C. Citizens for Larry Wolpert		Transaction ID: SB29.7055 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 100 South Third Street		Amount of Each Disbursement this Period 200.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Campaign Contribution Candidate Name Citizens for Larry Wolpert Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 23		

SUBTOTAL of Disbursements This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Citizens for McGregor		Transaction ID: SB29.7344 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 172 East State Street		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Citizens for McGregor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 72	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Robinson		Transaction ID: SB29.7356 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 130 Northridge Road		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43214	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Citizens for Robinson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Stivers		Transaction ID: SB29.6539 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2500 Sherwin Road		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43221	011 Category/ Type	
Purpose of Disbursement Campaign contribution for next election		
Candidate Name Citizens for Stivers		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 55 / 60

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Citizens for Stivers		Transaction ID: SB29.7057 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2500 Sherwin Road		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43221		
Purpose of Disbursement Campaign contribution Candidate Name Citizens for Stivers Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Coleman for Columbus		Transaction ID: SB29.7348 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 550 East Walnut Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Campaign Contribution Candidate Name Coleman for Columbus Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Category/Type 011	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committee for Larry Flowers		Transaction ID: SB29.6840 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 14 East Gay Street Second Floor		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Breakfast fundraiser Candidate Name Committee for Larry Flowers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

**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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends of Faber		Transaction ID: SB29.7349 Date of Disbursement 06 / 25 / 2007
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period 300.00
City Celina	State OH	
Zip Code 45822		011 Category/ Type
Purpose of Disbursement Campaign Contribution		
Candidate Name Friends of Faber		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 77	

Full Name (Last, First, Middle Initial) B. Friends of Jim Raussen		Transaction ID: SB29.7273 Date of Disbursement 06 / 12 / 2007
Mailing Address 661 Park Avenue		Amount of Each Disbursement this Period 250.00
City Cincinnati	State OH	
Zip Code 45246		011 Category/ Type
Purpose of Disbursement Political Contribution		
Candidate Name Friends of Jim Raussen		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 28	

Full Name (Last, First, Middle Initial) C. Gormley for Judge		Transaction ID: SB29.7353 Date of Disbursement 06 / 25 / 2007
Mailing Address 6305 Capilano Court		Amount of Each Disbursement this Period 250.00
City Westerville	State OH	
Zip Code 43082		007 Category/ Type
Purpose of Disbursement Campaign expenses		
Candidate Name Gormley for Judge		Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District:	

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Husted for Ohio		Transaction ID: SB29.7343	
Mailing Address 148 Sherbrooke Drive		Date of Disbursement MM / DD / YYYY 06 / 14 / 2007	
City Kettering	State OH	Zip Code 45429	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign Contribution		011 Category/ Type	
Candidate Name Husted for Ohio			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 37		

Full Name (Last, First, Middle Initial) B. LIFEPAC		Transaction ID: SB29.6701	
Mailing Address 100 South Third Street		Date of Disbursement MM / DD / YYYY 02 / 26 / 2007	
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement Annual Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Motorists Insurance Emp Credit Union		Transaction ID: SB29.7357	
Mailing Address 471 East Broad Street		Date of Disbursement MM / DD / YYYY 01 / 25 / 2007	
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement MIECU Monthly Service Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	3254.50
TOTAL This Period (last page this line number only)	

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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Motorists Insurance Emp Credit Union		Transaction ID: SB29.7358 Date of Disbursement																				
Mailing Address 471 East Broad Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	7														
City Columbus	State OH	Zip Code 43215																				
Purpose of Disbursement MIECU Monthly Service Charge		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>4.50</td></tr></table>	4.50																			
4.50																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) B. Motorists Insurance Emp Credit Union		Transaction ID: SB29.7359 Date of Disbursement																				
Mailing Address 471 East Broad Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	5		2	0	7														
City Columbus	State OH	Zip Code 43215																				
Purpose of Disbursement MIECU Monthly Service Charge		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>4.50</td></tr></table>	4.50																			
4.50																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) C. Motorists Insurance Emp Credit Union		Transaction ID: SB29.7360 Date of Disbursement																				
Mailing Address 471 East Broad Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	7														
City Columbus	State OH	Zip Code 43215																				
Purpose of Disbursement MIECR Monthly Service Charge		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>4.50</td></tr></table>	4.50																			
4.50																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>13.50</td></tr></table>	13.50
13.50		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

<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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. NAMIC PAC		Transaction ID: SB29.6645 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 3601 Vincennes Road PO Box 68700		Amount of Each Disbursement this Period 5000.00
City Indianapolis State IN Zip Code 46268	011 Category/ Type	
Purpose of Disbursement 2007 contribution commitment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PRYCE FOR CONGRESS		Transaction ID: SB29.7063 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name PRYCE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15		

Full Name (Last, First, Middle Initial) C. Republican Senate Campaign Committee		Transaction ID: SB29.6987 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 4679 Winterset Drive		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43220	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Republican Senate Campaign Committee		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	18668.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND		FEC IDENTIFICATION NUMBER C <input style="width:80%;" type="text"/>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee UNITEMIZED Independent Expenditures		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input style="width:80%;" type="text"/> .00
City	State	Zip Code
Purpose of Expenditure	Category/ Type	<input style="width:50%;" type="text"/>
Name of Federal Candidate supported or Opposed by expenditure:		Transaction ID:
Calendar Year-To-Date Per Election for Office Sought <input style="width:80%;" type="text"/>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:80%;" type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:80%;" type="text"/> 34.82
(c) TOTAL Independent Expenditures	<input style="width:80%;" type="text"/> 34.82
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.	
Signature _____	Date <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:40%;" type="text"/>