

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

471 E BROAD ST

Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00336834

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

X January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

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

07

01

2005

through

12

31

2005

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

01

17

2005

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

Office Use Only

FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		6479.67
(b) Cash on Hand at Beginning of Reporting Period .....	4805.69	
(c) Total Receipts (from Line 19) .....	13215.48	23868.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18021.37	30348.37
<hr/>		
7. Total Disbursements (from Line 31) .....	7577.00	19904.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10444.37	10444.37
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>07 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>N</sup>12 <sup>-</sup>31 <sup>-</sup>2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12791.00	18839.00
(ii) Unitemized .....	408.00	5007.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	13199.00	23846.00
(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) .....	13199.00	23846.00
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.) .....	16.48	22.70
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)) .....	13215.48	23868.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13215.48	23868.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	27.00	54.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	27.00	54.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	6550.00	16350.00
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 ActMty (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))..	7577.00	19904.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	7577.00	19904.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13199.00	23846.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13199.00	23846.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	27.00	54.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27.00	54.00

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

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael J. Agan</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 585B Tynecastle Loop		Transaction ID: SA11A1.6015
City State Zip Code Dublin OH 43016	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. John J. Bishop</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6016
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 700.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll deduction of \$50 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Duane L. Cable</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 6984 Linbrook Blvd.		Transaction ID: SA11A1.6017
City State Zip Code Columbus OH 43235	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)  
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 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas D. Campene</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>8438 Meadow Glen N</b>		Transaction ID: SA11A1.6018
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>Motorists Mutual Insurance Company</b>	Occupation <b>Manager</b>	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Grady Campbell</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>5760 Whispering Trail</b>		Transaction ID: SA11A1.6019
City <b>Galena</b>	State <b>OH</b>	Zip Code <b>43021</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>275.00</b>
Name of Employer <b>Motorists Mutual Ins. Co.</b>	Occupation <b>Vice President</b>	Payroll deduction of \$25 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>275.00</b>	

Full Name (Last, First, Middle Initial) <b>C. James J. Carr</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>651 Hickory View Ct</b>		Transaction ID: SA11A1.6020
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>Motorists Mutual Insurance Com</b>	Occupation <b>Manager</b>	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>695.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. John D. Coffman</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 7042 Tralee Drive		Transaction ID: SA11A1.6021
City State Zip Code Dublin OH 43017	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 238.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 442.00	Payroll deduction of \$17 per pay

Full Name (Last, First, Middle Initial) <b>B. Kathleen M. Cooper</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 10544 Smoke Road, SW		Transaction ID: SA11A1.6022
City State Zip Code Pataskala OH 43062	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 390.00	Payroll deduction of \$15 per pay

Full Name (Last, First, Middle Initial) <b>C. Daniel L. Crawford</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.6023
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 350.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 650.00	Payroll deduction of \$25 per pay

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>798.00</b>
<b>TOTAL</b> 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 9 / 26

(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"/> 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 (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Douglas L. Dodson</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 5922 Coventry Lake Drive		Transaction ID: SA11A1.6024	
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$15 per pay	
Name of Employer Motorists Mutual Insurance Cos	Occupation Manager	Aggregate Year-to-Date ▼ 390.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Mr. Robert E. Downes</b>		Date of Receipt M / D / Y 11 / 14 / 2005	
Mailing Address 149 Westview Drive, S.W.		Transaction ID: SA11A1.6014	
City Reynoldsburg	State OH	Zip Code 43068	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		Cash Donation	
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Aggregate Year-to-Date ▼ 350.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Craig G. Ebanwine</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 142B Sedgefield Dr.		Transaction ID: SA11A1.6025	
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 650.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶ **910.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. Michael D. Finch</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 8857 Chateau Drive		Transaction ID: SA11A1.6028	
City Pickerington	State OH	Zip Code 43147	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$15 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 390.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Charles R. Gaskil</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 1425 Briarmeadow Dr.		Transaction ID: SA11A1.6027	
City Worthington	State OH	Zip Code 43235	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$10 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 280.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Shaun D. Gregoire</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 398 Shelby Avenue, East		Transaction ID: SA11A1.6028	
City Powell	State OH	Zip Code 43085	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$15 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 390.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶ **580.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 26

(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"/>	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 (MOTORISTS INSURANCE CIVIC FUND)**

Full Name (Last, First, Middle Initial) <b>A. Marc S. Hall</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 599B Lane Road		Transaction ID: SA11A1.6029
City <b>Centerburg</b>	State <b>OH</b>	Zip Code <b>43011</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Paul T. Hammar</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 813 East College Avenue		Transaction ID: SA11A1.6030
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Peter A. Hitchcock</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 1409 Snowmass Road		Transaction ID: SA11A1.6031
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Corporate Actuary	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 12 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey D. Hoover</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 4558 Dirham Court		Transaction ID: SA11A1.6033
City	State	Zip Code
Hilliard	OH	43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Wallace S. Hysel</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 2007 Twin Flower Circle		Transaction ID: SA11A1.6034
City	State	Zip Code
Grove City	OH	43123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Cos	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Larry D. Jones</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 8407 Emeric Close		Transaction ID: SA11A1.6035
City	State	Zip Code
Reynoldsburg	OH	43068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>140.00</b>
Name of Employer Motorists Insurance Companies	Occupation Manager	Payroll deduction of \$10 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>560.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. David L. Kaufman</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.6036
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 420.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll deduction of \$30 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. John C. Kessler</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 391D Caswell Road		Transaction ID: SA11A1.6037
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Anne B. King</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 6934 Roundwood Ct		Transaction ID: SA11A1.6038
City Dublin	State OH	Zip Code 43018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$25 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 14 / 26

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Teresa M. King</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 113B Tidewater Court		Transaction ID: SA11A1.6039
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Insurance Companies	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Michael Lisi</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 874D Callaway Court		Transaction ID: SA11A1.6041
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Todd A. Long</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 1002 Loch Ness Avenue		Transaction ID: SA11A1.6042
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43285</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.00</b>
<b>TOTAL</b> 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 15 / 26  
(check only one)  
 11a     11b     11c     12  
           13       14       15       16       17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Orville R. Lyons II</p> <p>Mailing Address 484B St. Medan Drive</p> <hr/> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">                 Name of Employer Motorists Mutual Insurance Co.                  Receipt For:                      Primary          General                      Other (specify) ▼             </td> <td style="width:70%;">                 Occupation Vice President                  Aggregate Year-to-Date ▼                   702.00             </td> </tr> </table>	Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary          General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼  702.00	<p>Date of Receipt                  M / D / Y Y Y Y                  12 / 31 / 2005</p> <p>Transaction ID: SA11A1.6043</p> <p>Amount of Each Receipt this Period  378.00</p> <p>Payroll deduction of \$27 per pay</p>
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary          General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼  702.00		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph E. Mentel</p> <p>Mailing Address 5725 Ballymead Blvd.</p> <hr/> <p>City State Zip Code Dublin OH 43016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">                 Name of Employer Motorists Mutual Insurance Company                  Receipt For:                      Primary          General                      Other (specify) ▼             </td> <td style="width:70%;">                 Occupation Manager                  Aggregate Year-to-Date ▼                   390.00             </td> </tr> </table>	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary          General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼  390.00	<p>Date of Receipt                  M / D / Y Y Y Y                  12 / 31 / 2005</p> <p>Transaction ID: SA11A1.6044</p> <p>Amount of Each Receipt this Period  210.00</p> <p>Payroll deduction of \$15 per pay</p>
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary          General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼  390.00		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark J. Nixon</p> <p>Mailing Address 682 East Fifth Avenue</p> <hr/> <p>City State Zip Code Lancaster OH 43130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">                 Name of Employer Motorists Mutual Insurance Company                  Receipt For:                      Primary          General                      Other (specify) ▼             </td> <td style="width:70%;">                 Occupation Manager                  Aggregate Year-to-Date ▼                   390.00             </td> </tr> </table>	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary          General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼  390.00	<p>Date of Receipt                  M / D / Y Y Y Y                  12 / 31 / 2005</p> <p>Transaction ID: SA11A1.6045</p> <p>Amount of Each Receipt this Period  210.00</p> <p>Payroll deduction of \$15 per pay</p>
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary          General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼  390.00		

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>798.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:        PAGE 16 / 26  
(check only one)  
 11a     11b     11c     12  
           13       14       15       16       17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas C. Ogg</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>10187 Chelton Wood</b>		Transaction ID: SA11A1.6048
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>560.00</b>
Name of Employer <b>Motorists Mutual Insurance Company</b>	Occupation <b>Secretary</b>	Payroll deduction of \$40 per pay
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1040.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Damian Puchala</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>325 Glenview Circle</b>		Transaction ID: SA11A1.6048
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>Motorists Mutual Insurance Co.</b>	Occupation <b>Manager</b>	Payroll deduction of \$15 per pay
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>345.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Paul J. Richards</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address <b>4732 Golf Village Drive</b>		Transaction ID: SA11A1.6050
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>Motorists Mutual Insurance Company</b>	Occupation <b>Manager</b>	Payroll deduction of \$15 per pay
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>390.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>990.00</b>
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 17 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Randolph A. Rudowicz</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.6051
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$25 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Karen L. Schwartz</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.6052
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Ralph W. Smithers, Jr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005
Mailing Address 4319 Portabella Drive		Transaction ID: SA11A1.6053
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction of \$15 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>910.00</b>
<b>TOTAL</b> 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

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(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"/> 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 (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Charles D. Stapleton</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005	
Mailing Address 8900 Kindler Drive		Transaction ID: SA11A1.6054	
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date ▼ 650.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Tamara A. Stephens</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005	
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.6055	
City Glenford	State OH	Zip Code 43739	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$25 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 650.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Gary J. Tisdale</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2005	
Mailing Address 1836 Sandyside Drive		Transaction ID: SA11A1.6057	
City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$15 per pay	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 390.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶ **910.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. James E. Vermilion</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.6058
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>490.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>810.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Richard J. Walton</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 3249 Sciabo Run Blvd.		Transaction ID: SA11A1.6058
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$25 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>650.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Peter A. Weisenberger</b>		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 7105 Lakabrook Blvd.		Transaction ID: SA11A1.6080
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>280.00</b>
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$20 per pay
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>520.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1120.00</b>
<b>TOTAL</b> 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 20 / 26

(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"/> 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 (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Charles A. Wickert</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 551 B Medallion Drive W.		Transaction ID: SA11A1.6061	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 420.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$30 per pay	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 780.00		
Full Name (Last, First, Middle Initial) <b>B. Charles A. Williams</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 14924 S. R. 35, E.		Transaction ID: SA11A1.6062	
City Sunbury	State OH	Zip Code 43074	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$15 per pay	
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary      General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 390.00		
Full Name (Last, First, Middle Initial) <b>C. Michael L. Wiseman</b>		Date of Receipt M / D / Y 12 / 31 / 2005	
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.6063	
City Powell	State OH	Zip Code 43085	Amount of Each Receipt this Period 490.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction of \$35 per pay	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date ▼ 910.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1120.00**

TOTAL This Period (last page this line number only) ..... ► **12791.00**

**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 21 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Tiberi for Congress

Mailing Address 2021 E. Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Federal Candidate Contribution

Candidate Name

Office Sought:  House  
Senate  
President

State: OH District: 12

Disbursement For: 2005  
Primary  General   
Other (specify) ▼

Transaction ID: SB23.6088  
Date of Disbursement  
08 / 30 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Batchelder for Representative</b>		Transaction ID: SB29.5956 Date of Disbursement 11 / 07 / 2005	
Mailing Address 105 West Liberty		Amount of Each Disbursement this Period 250.00	
City Medina State OH Zip Code 44256	Purpose of Disbursement Political 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: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH    District: 69			

Full Name (Last, First, Middle Initial) <b>B. Citizens for Larry Wolpert</b>		Transaction ID: SB29.5938 Date of Disbursement 09 / 13 / 2005	
Mailing Address 100 South Third Street		Amount of Each Disbursement this Period 100.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement State Political Contribution	011 Category/ Type	
Candidate Name Citizens for Larry Wolpert			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH    District: 23			

Full Name (Last, First, Middle Initial) <b>C. Citizens for Mary Taylor</b>		Transaction ID: SB29.6092 Date of Disbursement 08 / 16 / 2005	
Mailing Address 3788 Park Ridge Drive		Amount of Each Disbursement this Period 250.00	
City Uniontown State OH Zip Code 44685	Purpose of Disbursement Political Campaign Contribution	011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:            District:			

SUBTOTAL of Disbursements This Page (optional) .....	▶	600.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. Citizens to Retain Judge Amy Salerno

Mailing Address 8161 Manitou Drive

City State Zip Code  
Westerville OH 43081

Purpose of Disbursement  
Political Campaign Contribution

Candidate Name

Office Sought: House Disbursement For: 2005  
Senate Primary X General  
President Other (specify) ▼

State: District

011  
Category/  
Type

Transaction ID: SB29.6070

Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)  
B. Committee to Elect David Goodman

Mailing Address 2736 Bexley Park Road

City State Zip Code  
Bexley OH 43208

Purpose of Disbursement  
State Political Contribution

Candidate Name  
Committee to Elect David Goodman

Office Sought: House Disbursement For: 2005  
X Senate Primary X General  
President Other (specify) ▼

State: OH District

011  
Category/  
Type

Transaction ID: SB29.5831

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
C. Committee to Elect Eddie Pauline

Mailing Address 100 East Broad Street  
Suite 2003

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Political Campaign Contribution

Candidate Name

Office Sought: House Disbursement For: 2005  
Senate Primary X General  
President Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB29.6076

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Steve Reinhard</b>		Transaction ID: SB29.5939 Date of Disbursement 09 / 29 / 2005	
Mailing Address 3904 St. Rt. 19		Amount of Each Disbursement this Period 250.00	
City Bucyrus State OH Zip Code 44820	Purpose of Disbursement State Political Contribution	011 Category/ Type	
Candidate Name Committee to Elect Steve Reinhard	Disbursement For: 2005 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: B2			

Full Name (Last, First, Middle Initial) <b>B. Daniels for State Representative</b>		Transaction ID: SB29.5931 Date of Disbursement 12 / 08 / 2005	
Mailing Address 440 North Street		Amount of Each Disbursement this Period 250.00	
City Greenfield State OH Zip Code 45123	Purpose of Disbursement Political Campaign Contribution	011 Category/ Type	
Candidate Name Daniels for State Representative	Disbursement For: 2005 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: B6			

Full Name (Last, First, Middle Initial) <b>C. Friends for Faber</b>		Transaction ID: SB29.5930 Date of Disbursement 07 / 22 / 2005	
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period 250.00	
City Celina State OH Zip Code 45822	Purpose of Disbursement State Political Contribution	011 Category/ Type	
Candidate Name Friends for Faber	Disbursement For: 2005 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 77			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Friends for Faber</b>		Transaction ID: SB29.5955 Date of Disbursement 10 / 03 / 2005
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period  500.00
City Celina	State OH	
Zip Code 45822	Purpose of Disbursement Political Campaign Contribution	011 Category/ Type
Candidate Name Friends for Faber	Office Sought: <input checked="" type="checkbox"/> House Senate President	
Disbursement For: 2005 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OH District: 77	

Full Name (Last, First, Middle Initial) <b>B. Friends of Driehaus Committee</b>		Transaction ID: SB29.5951 Date of Disbursement 10 / 03 / 2005
Mailing Address 1018 Benz Avenue 1018		Amount of Each Disbursement this Period  250.00
City Cincinnati	State OH	
Zip Code 45238	Purpose of Disbursement Political Campaign Contribution	011 Category/ Type
Candidate Name Friends of Driehaus Committee	Office Sought: <input checked="" type="checkbox"/> House Senate President	
Disbursement For: 2005 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OH District: 31	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Raussen</b>		Transaction ID: SB29.5929 Date of Disbursement 07 / 18 / 2005
Mailing Address 529 Observatory Drive		Amount of Each Disbursement this Period  250.00
City Cincinnati	State OH	
Zip Code 45248	Purpose of Disbursement State Political Contribution	011 Category/ Type
Candidate Name Friends of Jim Raussen	Office Sought: <input checked="" type="checkbox"/> House Senate President	
Disbursement For: 2005 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OH District: 28	

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. OH House Republican Campaign Committee		Transaction ID: SB29.6094 Date of Disbursement 11 / 08 / 2005
Mailing Address 4679 Winterset Drive		Amount of Each Disbursement this Period  2500.00
City Columbus	State OH Zip Code 43220	
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: 2005	
Senate	Primary X General	
President	Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. OII PAC		Transaction ID: SB29.5993 Date of Disbursement 12 / 12 / 2005
Mailing Address 172 East State Street P. O. Box B16		Amount of Each Disbursement this Period  1000.00
City Columbus	State OH Zip Code 43216	
Purpose of Disbursement Political Action Committee		011 Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: 2005	
Senate	Primary X General	
President	Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3500.00
TOTAL This Period (last page this line number only) .....	▶	6550.00