

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
07/18/2000 12 : 37

1. NAME OF COMMITTEE (in full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 471 E BROAD ST	2. FEC IDENTIFICATION NUMBER C00358834
CITY, STATE, and ZIP CODE COLUMBUS OH 43215	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>08/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		7356.91
(b) Cash on Hand at Beginning of Reporting Period	5002.42	
(c) Total Receipts (from line 19)	3617.88	7726.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8620.30	15083.80
7. Total Disbursements (from line 30)	5871.24	12434.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2649.06	2649.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Charles Gaskill	
Signature of Treasurer	Date 07/12/2000

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)		REPORT COVERING PERIOD FROM 04/01/2000 TO: 06/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2860.00	4514.00	11.a.i.
ii. Unitemized	726.00	3183.00	11.a.ii.
iii. Total	3606.00	7697.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	3606.00	7697.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	11.88	29.89	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	3617.88	7726.89	19.
20. Total Federal Receipts	3617.88	7726.89	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	13.50	27.00	21.b.
c. Total Operating Expenditures	13.50	27.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	5957.74	12407.74	29.
30. Total Disbursements	5971.24	12434.74	30.
31. Total Federal Disbursements	5971.24	12434.74	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3606.00	7697.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	3606.00	7697.00	34.
35. Total Federal Operating Expenditures	13.50	27.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	13.50	27.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code John Bishop 55B Old Coach Road Westerville OH 43081	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 300.00 Payroll Deduction \$50 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 630.00	
Full Name, Mailing Address, and ZIP Code Robert Blewit 1642 Essex Road Upper Arlington OH 43221	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 150.00 Payroll Deduction \$25 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > \$ 321.00	
Full Name, Mailing Address, and ZIP Code Daniel Crawford 6323 Cook Road Powell OH 43065	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 120.00 Payroll Deduction \$20.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > \$ 221.00	
Full Name, Mailing Address, and ZIP Code Craig Ebenwine 1428 Sedgfield Dr. New Albany OH 43054	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 150.00 Payroll Deduction \$25.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > \$ 295.00	
Full Name, Mailing Address, and ZIP Code David Kaufman 7925 Greendale Lane Worthington OH 43235	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 150.00 Payroll Deduction \$25.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > \$ 295.00	
Full Name, Mailing Address, and ZIP Code Orville Lyons, II 1185 Starbuck Ct. Westerville OH 43081	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 150.00 Payroll Deduction \$25.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > \$ 298.00	
Full Name, Mailing Address, and ZIP Code Thomas Ogg 5433 A Coachman Road Columbus OH 43220	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 240.00 Payroll Deduction \$40.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Secretary	Aggregate Year-to-Date > \$ 504.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7 FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name, Mailing Address, and ZIP Code Robert Rabold 466 Delegate Drive Columbus OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Chairman, President & CEO Aggregate Year-to-Date > \$ 780.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$60.00 Bi-weekly	Amount of Each Receipt this Period 360.00
Full Name, Mailing Address, and ZIP Code Karen Schwarz 1252 Pond Hollow Lane New Albany OH 43054 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 265.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$25.00 Bi-weekly	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Charles Stepleton 12738 Wheaton Avenue Pickerington OH 43147 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$25.00 Bi-weekly	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Duane Swartz 1505 Clubview Blvd., S. Columbus OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Senior Vice President Aggregate Year-to-Date > \$ 390.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$30.00 Bi-weekly	Amount of Each Receipt this Period 180.00
Full Name, Mailing Address, and ZIP Code James Vermilion 919 Byron Avenue Columbus OH 43227 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$30.00 Bi-weekly	Amount of Each Receipt this Period 180.00
Full Name, Mailing Address, and ZIP Code Richard Walton 3249 Scioto Run Blvd. Hilliard OH 43026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 305.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$25.00 Bi-weekly	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Peter Weisenberger 7105 Lakabrook Blvd. Columbus OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 06/30/2000 Payroll Deduction \$20.00 Bi-weekly	Amount of Each Receipt this Period 120.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		5 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Charles Wickert 1229 Smiley Court Westerville OH 43081	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 150.00 Payroll Deduction \$25.00 Bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President	Aggregate Year-to-Date > 5 305.00		
Full Name, Mailing Address, and ZIP Code Michael Wiseman 931 Vauxhill Lane Powell OH 43085	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 180.00 Payroll Deduction \$30.00 Bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Treasurer	Aggregate Year-to-Date > 8 390.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				2880.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7
			FOR LINE NUMBER 28
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, Mailing Address, and ZIP Code Citizens for Householder 8573 Brownsville Road, S.E. Glenford OH 43739	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/22/2000	Amount of Each Disbursement This Period 250.00
Full Name, Mailing Address, and ZIP Code Citizens for Salem 57 East Gay Street Columbus OH 43215	Purpose of Disbursement Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/22/2000	Amount of Each Disbursement This Period 200.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			5957.74