

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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

## 4. TYPE OF REPORT

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

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		7350.91
(b) Cash on Hand at Beginning of Reporting Period .....	2649.06	
(c) Total Receipts (from line 19) .....	5232.97	12959.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7882.03	20316.77
7. Total Disbursements (from line 30) .....	5018.50	17453.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2863.53	2883.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	<b>For further information contact:</b> 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 <b>Electronically Filed by Michael Wiseman</b>	
Signature of Treasurer	Date 10/05/2000

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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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>		REPORT COVERING PERIOD FROM 07/01/2000 TO: 09/30/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	3847.00	8161.00	11.a.i.
ii. Unitemized .....	560.00	3743.00	11.a.ii.
iii. Total .....	4207.00	11904.00	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 .....	4207.00	11904.00	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 ..	1000.00	1000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	25.97	55.86	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	5232.97	12058.86	19.
20. Total Federal Receipts .....	5232.97	12058.86	20.
<b>II. Disbursements</b>			
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 .....	18.50	45.50	21.b.
c. Total Operating Expenditures .....	18.50	45.50	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1500.00	1500.00	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 .....	3500.00	15907.74	29.
30. Total Disbursements .....	5018.50	17453.24	30.
31. Total Federal Disbursements .....	5018.50	17453.24	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	4207.00	11904.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	4207.00	11904.00	34.
35. Total Federal Operating Expenditures .....	18.50	45.50	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	18.50	45.50	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 8</b>  FOR LINE NUMBER <b>11A1</b>
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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)**

<b>Full Name, Mailing Address, and ZIP Code</b> John Bishop  1380 Plcardae Court  Powell OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> President and COO  <b>Aggregate Year-to-Date</b> > \$ 580.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$50 Bi-weekly	<b>Amount of Each Receipt this Period</b> 350.00
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Blewit  1642 Essex Road  Upper Arlington OH 43221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Vice President  <b>Aggregate Year-to-Date</b> > \$ 486.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$25 Bi-weekly	<b>Amount of Each Receipt this Period</b> 175.00
<b>Full Name, Mailing Address, and ZIP Code</b> John Coffman  7042 Tralee Drive  Dublin OH 43017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Manager  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$15 Bi-weekly	<b>Amount of Each Receipt this Period</b> 105.00
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Crawford  8523 Cook Road  Powell OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Vice President  <b>Aggregate Year-to-Date</b> > \$ 361.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$20 Bi-weekly	<b>Amount of Each Receipt this Period</b> 140.00
<b>Full Name, Mailing Address, and ZIP Code</b> Craig Eberwine  1428 Sedgefield Dr.  New Albany OH 43054 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Vice President  <b>Aggregate Year-to-Date</b> > \$ 470.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$25 Bi-weekly	<b>Amount of Each Receipt this Period</b> 175.00
<b>Full Name, Mailing Address, and ZIP Code</b> Wallace Hysel  6255 Moundview Place  Grove City OH 43123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Manager  <b>Aggregate Year-to-Date</b> > \$ 280.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$15 Bi-weekly	<b>Amount of Each Receipt this Period</b> 105.00
<b>Full Name, Mailing Address, and ZIP Code</b> David Kaufman  7925 Greenside Lane  Worthington OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Motorists Mutual Insurance Company  <b>Occupation</b> Sr. Vice President, CIO  <b>Aggregate Year-to-Date</b> > \$ 470.00	<b>Date (month, day, year)</b> 09/30/2000  Payroll Deduction \$25 Bi-weekly	<b>Amount of Each Receipt this Period</b> 175.00

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8
					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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Orville Lyons, II  1165 Starbuck Ct.  Westerville OH 43081		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 474.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Ogg  10167 Chelton Wood  Powell OH 43085		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Secretary		Payroll Deduction \$40 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 784.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Rabold  466 Delegate Drive  Columbus OH 43235		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 420.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Chairman & CEO		Payroll Deduction \$60 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 1200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Randolph Rudowicz  1026 Loch Ness Avenue  Worthington OH 43085		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 77.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Manager		Payroll Deduction \$11 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Karen Schwarz  1252 Pond Hollow Lane  New Albany OH 43054		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 440.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Stapleton  12738 Wheaton Avenue  Pickerington OH 43147		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 480.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Duane Swartz  1505 Clubview Blvd., S.  Columbus OH 43235		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 09/30/2000	<b>Amount of Each Receipt this Period</b> 210.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Senior Vice President		Payroll Deduction \$30 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 800.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 8</b>
			FOR LINE NUMBER <b>11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> James Vermillion  918 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	Date (month, day, year) 09/30/2000 Payroll Deduction \$30 Bi-weekly	Amount of Each Receipt this Period 210.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 585.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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	Date (month, day, year) 09/30/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 175.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 490.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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	Date (month, day, year) 09/30/2000 Payroll Deduction \$20 Bi-weekly	Amount of Each Receipt this Period 140.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 340.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Wlckert  1229 Smiley Court  Westerville OH 43081  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 09/30/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 175.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 490.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Wiseman  355 Bear Woods Drive  Powell OH 43065  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 09/30/2000 Payroll Deduction \$30 Bi-weekly	Amount of Each Receipt this Period 210.00
	Occupation Treasurer	Aggregate Year-to-Date > \$ 600.00	

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>3647.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 16
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<b>NAME OF COMMITTEE (In Full)</b> <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>		
<b>Full Name, Mailing Address, and ZIP Code</b> NAMIC CAP Program  122 C Street, NW, Suite 540  Washington DC 20001	Name of Employer   Occupation	Date (month, day, year) 08/02/2000 Lost Check/Stopped Payment
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5    1000.00	Amount of Each Receipt This Period 1000.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		<b>1000.00</b>



<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		8 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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<b>NAME OF COMMITTEE (In Full)</b> <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Committee to Elect Ambruster  34421 Bainbridge Road  North Ridgeville OH 44039	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/01/2000	<b>Amount of Each Disbursement This Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Citizens for Larry Wolpert  100 south Third Street  Columbus OH 43215	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/03/2000	<b>Amount of Each Disbursement This Period</b> 150.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Citizens for Geoffrey C. Smith  6677 Busch Boulevard  Columbus OH 43226	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/06/2000	<b>Amount of Each Disbursement This Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Citizens for Householder  138 High Street  Glenford OH 43739	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/06/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Republican Senate Caucus  State House  Columbus OH 43266	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/18/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> OIPAC  172 East State Street  Columbus OH 43215	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/20/2000	<b>Amount of Each Disbursement This Period</b> 2000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>3500.00</b>