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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (b) Number and Street Address 471 E BROAD ST 2. FEC IDENTIFICATION NUMBER C00336834 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY COLUMBUS ОН 43215 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) JAMES D JORDAN 02/09/2009 House OH 04 (ii) DEBORAH D. PRYCE OH 15 05/17/2007 House (iii) PATRICK J. TIBERI House OH 12 10/01/2007 (iv) STEVE C AUSTRIA 11/30/2007 House OH 07 STEVE E STIVERS (v) House OH 15 09/08/2008 (b) Contributors: The committee received a contribution from its 51st contributor 06/30/2007 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/06/1998 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Michael L. Wiseman 02/28/2009 Michael L. Wiseman Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

> For further information contact: Federal Election Commission, Washington, DC 20463 FEC FORM 1 M Toll-free 800-424-9530 Local 202-694-1100 Revised 1/2001