

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 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 ZIPCODE

C00336834

3. IS THIS REPORT 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)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 07 2006 in the State of OH

5. Covering Period 10 19 2006 through 11 27 2006

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 03 2007

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		10444.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	2359.67									
(c) Total Receipts (from Line 19)	3158.00	21813.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5517.67	32258.17								
7. Total Disbursements (from Line 31)	75.84	26816.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5441.83	5441.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

Write or Type Committee Name
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	2987.00	13794.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	171.00	7874.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3158.00	21668.00
(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)	3158.00	21668.00
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	132.83
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	12.97
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))	3158.00	21813.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3158.00	21813.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4.50	45.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4.50	45.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditure (use Schedule E)	71.34	71.34
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.....	0.00	22700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75.84	26816.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	75.84	26816.34

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	3158.00	21668.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3158.00	21668.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4.50	45.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4.50	45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Michael J. Agan

Mailing Address 5658 Tynecastle Loop

City State Zip Code
Dublin OH 43016

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

Name of Employer Motorists Mutual Ins. Co. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

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

Transaction ID: SA11A1.6421

Amount of Each Receipt this Period
45.00

Payroll deduction

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

Mailing Address 1390 Picardae Court

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

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

Transaction ID: SA11A1.6422

Amount of Each Receipt this Period
150.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Duane L. Cable

Mailing Address 6984 Linbrook Blvd.

City State Zip Code
Columbus OH 43235

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

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

Transaction ID: SA11A1.6451

Amount of Each Receipt this Period
45.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Thomas D. Campana		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6436 Meadow Glen N		Transaction ID: SA11A1.6424	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 5760 Whispering Trail		Transaction ID: SA11A1.6425	
City Galena	State OH	Zip Code 43021	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John D. Coffman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 7042 Tralee Drive		Transaction ID: SA11A1.6426	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 51.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 391.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	171.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Kathleen M. Cooper		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 10544 Smoke Road, SW		Transaction ID: SA11A1.6427	
City Pataskala	State OH	Zip Code 43062	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel L. Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.6428	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Douglas L. Dodson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 5922 Coventry Lake Drive		Transaction ID: SA11A1.6430	
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial) Mr. Robert E. Downes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 149 Westview Drive, S.W.		Transaction ID: SA11A1.6431
City Reynoldsburg State OH Zip Code 43068	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		One time contribution
Name of Employer Motorists Mutual Insurance Co. Occupation Vice President	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Michael D. Finch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 8857 Chateau Drive		Transaction ID: SA11A1.6432
City Pickerington State OH Zip Code 43147	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Charles R. Gaskill		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1425 Briarmeadow Dr.		Transaction ID: SA11A1.6433
City Worthington State OH Zip Code 43235	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company Occupation Manager	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Shaun D. Gregoire		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11A1.6434
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Marc S. Hall		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 5999 Lane Road		Transaction ID: SA11A1.6435
City State Zip Code Centerburg OH 43011	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. Paul T. Hammer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 813 East College Avenue		Transaction ID: SA11A1.6436
City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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 INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Peter A. Hitchcock		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 1409 Snowmass Road		Transaction ID: SA11A1.6437	
City State Zip Code Columbus OH 43235		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Corporate Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Jeffrey O. Hoover		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 4556 Dirham Court		Transaction ID: SA11A1.6438	
City State Zip Code Hilliard OH 43026		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. Wallace S. Hysell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2007 Twin Flower Circle		Transaction ID: SA11A1.6439	
City State Zip Code Grove City OH 43123		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial) Larry D. Jones		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 8407 Emeric Close		Transaction ID: SA11A1.6441	
City Reynoldsburg	State OH	Zip Code 43068	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Insurance Companies	Occupation Manager	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.6442	
City Worthington	State OH	Zip Code 43235	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Aggregate Year-to-Date ▼ 690.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) John C. Kessler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 3910 Caswell Road		Transaction ID: SA11A1.6443	
City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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 INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Anne B. King		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.6444
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) B. Teresa M. King		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 1139 Tidewater Court		Transaction ID: SA11A1.6445
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. Michael Lisi		Date of Receipt MM / DD / YYYY 11 / 27 / 2006
Mailing Address 6740 Callaway Court		Transaction ID: SA11A1.6448
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Todd A. Long		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 1002 Loch Ness Avenue		Transaction ID: SA11A1.6449	
City Worthington	State OH	Zip Code 43285	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.6450	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 81.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Aggregate Year-to-Date ▼ 621.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joseph E. Merkel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 344 Thomas Lane		Transaction ID: SA11A1.6423	
City London	State OH	Zip Code 43140	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins Co	Occupation Manager	Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	171.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<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 INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Mark J. Nixon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 662 East Fifth Avenue		Transaction ID: SA11A1.6452	
City State Zip Code Lancaster OH 43130	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) B. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.6453	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00		

Full Name (Last, First, Middle Initial) C. Mr. Mark Peacock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 4460 Swenson Street		Transaction ID: SA11A1.6454	
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co.	Occupation Human Resources Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

SUBTOTAL of Receipts This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Damian Puchala

Mailing Address 325 Olenview Circle

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Co. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

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

Transaction ID: SA11A1.6456

Amount of Each Receipt this Period
45.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

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

Transaction ID: SA11A1.6457

Amount of Each Receipt this Period
45.00

Payroll deduction

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

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

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

Transaction ID: SA11A1.6458

Amount of Each Receipt this Period
75.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Karen L. Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.6459	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) B. Ralph W. Smithers, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6418 Summers Nook Drive		Transaction ID: SA11A1.6460	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins Co	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.6462	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

SUBTOTAL of Receipts This Page (optional) ▶	195.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 21
	<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 INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.6463	
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.6464	
City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.6465	
City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

SUBTOTAL of Receipts This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial) Richard J. Walton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.6466	
City State Zip Code Hilliard OH 43026		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

B. Full Name (Last, First, Middle Initial) Peter A. Weisenberger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 7105 Lakebrook Blvd.		Transaction ID: SA11A1.6467	
City State Zip Code Columbus OH 43235		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

C. Full Name (Last, First, Middle Initial) Charles A. Wickert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.6468	
City State Zip Code Westerville OH 43082		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 21
	(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 INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
 Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
 Sunbury OH 43074

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

Name of Employer Motorists Mutual Insurance Co. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

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

Transaction ID: SA11A1.6469

Amount of Each Receipt this Period
 45.00

Payroll deduction

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

Mailing Address 90 Timberknoll Loop

City State Zip Code
 Powell OH 43065

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

Name of Employer Motorists Mutual Insurance Company Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 805.00

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

Transaction ID: SA11A1.6470

Amount of Each Receipt this Period
 105.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	2987.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:80%;" type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:80%;" type="text"/> 71.34
(c) TOTAL Independent Expenditures	<input style="width:80%;" type="text"/> 71.34
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:20%;" type="text"/>