



**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 02/17/2000 TO: 03/31/2000	
<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) .....	840.00	1634.00	11.a.i.
ii. Unitemized .....	1634.00	2457.00	11.a.ii.
iii. Total .....	2474.00	4091.00	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 .....	2474.00	4091.00	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.) .....	18.01	18.01	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	2492.01	4109.01	19.
20. Total Federal Receipts .....	2492.01	4109.01	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 .....	9.00	13.50	21.b.
c. Total Operating Expenditures .....	9.00	13.50	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	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 .....	900.00	6450.00	29.
30. Total Disbursements .....	909.00	6463.50	30.
31. Total Federal Disbursements .....	909.00	6463.50	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	2474.00	4091.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	2474.00	4091.00	34.
35. Total Federal Operating Expenditures .....	9.00	13.50	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	9.00	13.50	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 4</b>
			FOR LINE NUMBER <b>11A1</b>

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  55B Old Coach Road  Westerville OH 43081  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>Date (month, day, year)</b> 03/31/2000 Payroll Deduction \$50 Bi-weekly	<b>Amount of Each Receipt this Period</b> 200.00
	<b>Occupation</b> Executive Vice President	<b>Aggregate Year-to-Date</b> > \$ 330.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Ogg  5433 A Coachman Road  Columbus OH 43220  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>Date (month, day, year)</b> 03/31/2000 Payroll Deduction \$40 Bi-weekly	<b>Amount of Each Receipt this Period</b> 160.00
	<b>Occupation</b> Secretary	<b>Aggregate Year-to-Date</b> > \$ 264.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Rabold  466 Delegate Drive  Columbus 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>Date (month, day, year)</b> 03/31/2000 Payroll Deduction \$60 Bi-weekly	<b>Amount of Each Receipt this Period</b> 240.00
	<b>Occupation</b> Chairman, President & CEO	<b>Aggregate Year-to-Date</b> > \$ 420.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Motorists Mutual Insurance Company	<b>Date (month, day, year)</b> 03/31/2000 Payroll Deduction \$30 Bi-weekly	<b>Amount of Each Receipt this Period</b> 120.00
	<b>Occupation</b> Senior Vice President	<b>Aggregate Year-to-Date</b> > \$ 210.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Wiseman  931 Vauxhill Lane  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>Date (month, day, year)</b> 03/31/2000 Payroll Deduction \$30 Bi-weekly	<b>Amount of Each Receipt this Period</b> 120.00
	<b>Occupation</b> Treasurer	<b>Aggregate Year-to-Date</b> > \$ 210.00	

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>840.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 4</b>
			FOR LINE NUMBER 28

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Buchy 758 Gardenwood Greenville OH 45331	Political Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/21/2000	250.00
LIFEPAC 100 South Third Street Columbus OH 43215	Political Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/21/2000	500.00
Husted for State Representative 148 Sherbrooke Drive Kettering OH 45429	Political Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	03/14/2000	150.00

<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>900.00</b>