

**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 MUTUAL INSURANCE COMPANY CIVIC FUND (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 ZIP CODE

C00336834 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
X July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 04 18 2002 through 06 30 2002

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 Wiseman
 Signature of Treasurer Electronically Filed by Michael Wiseman Date 07 12 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: ^h04 ^d18 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		4625.63
(b) Cash on Hand at Beginning of Reporting Period	1603.71	
(c) Total Receipts (from Line 19)	4117.59	10909.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5721.30	15534.80
7. Total Disbursements (from Line 30)	913.50	10727.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4807.80	4807.80
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: ^W04 ^D18 ^Y2002 To: ^W06 ^D30 ^Y2002

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		
(i) Itemized (use Schedule A)	2420.00	
(ii) Unitemized	1695.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4115.00	10903.00
(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 32, page 4)	4115.00	10903.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.59	6.17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4117.59	10909.17
20. Total Federal Receipts (subtract Line 18 from Line 19)	4117.59	10909.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	13.50	27.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13.50	27.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
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.....	900.00	10700.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	913.50	10727.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	913.50	10727.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	4115.00	10903.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	4115.00	10903.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	13.50	27.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	13.50	27.00

**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 5 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)

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

Mailing Address
1390 Picardae Court

City State Zip Code
Powell OH 43065

Date of Receipt
 M M / D D / Y Y Y Y
06 30 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company President and COO

Payroll Deduction \$50 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **850.00**

Transaction ID: SA11A1.4854

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

Mailing Address
7042 Tralee Drive

City State Zip Code
Dublin OH 43017

Date of Receipt
 M M / D D / Y Y Y Y
06 30 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$17 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **221.00**

Transaction ID: SA11A1.4857

C. Full Name (Last, First, Middle Initial)
Daniel Crawford

Mailing Address
6323 Cook Road

City State Zip Code
Powell OH 43065

Date of Receipt
 M M / D D / Y Y Y Y
06 30 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **325.00**

Transaction ID: SA11A1.4860

SUBTOTAL of Receipts This Page (optional) ▶ **460.00**

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 6 / 11	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Craig Eberwine Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1428 Sedgefield Dr. 06 30 2002
City State Zip Code
New Albany OH 43054 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 125.00

Name of Employer Occupation Payroll Deduction \$25 Bi-weekly
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General 325.00
Other (specify) ▼

Transaction ID: SA11A1.4862

B. David Kaufman Date of Receipt
Mailing Address N M / D E / Y Y Y Y
7925 Greenside Lane 06 30 2002
City State Zip Code
Worthington OH 43235 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 150.00

Name of Employer Occupation Payroll Deduction \$30 Bi-weekly
Motorists Mutual Insurance Company Sr. Vice President, CIO

Receipt For: Aggregate Year-to-Date ▼
Primary General 390.00
Other (specify) ▼

Transaction ID: SA11A1.4875

C. John Kessler Date of Receipt
Mailing Address N M / D E / Y Y Y Y
3910 Caswell Road 06 30 2002
City State Zip Code
Johnstown OH 43031 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation Payroll Deduction \$20 Bi-weekly
Motorists Mutual Insurance Company Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General 260.00
Other (specify) ▼

Transaction ID: SA11A1.4876

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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: PAGE 7 / 11

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Orville Lyons, II

Mailing Address
1165 Starbuck Ct.

City State Zip Code
Westerville OH 43081

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
135.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$27 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 351.00

Transaction ID: SA11A1.4882

B. Full Name (Last, First, Middle Initial)
Thomas Ogg

Mailing Address
1D167 Chelton Wood

City State Zip Code
Powell OH 43065

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Secretary

Payroll Deduction \$40 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 520.00

Transaction ID: SA11A1.4885

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

Mailing Address
1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$25 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.4887

SUBTOTAL of Receipts This Page (optional) ▶ **460.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
Karen Schwartz

Mailing Address
1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.4889

B. Full Name (Last, First, Middle Initial)
Charles Stapleton

Mailing Address
12738 Wheaton Avenue

City State Zip Code
Pickerington OH 43147

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.4891

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

Mailing Address
1505 Clubview Blvd., S.

City State Zip Code
Columbus OH 43235

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Senior Vice President

Payroll Deduction \$30 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 390.00

Transaction ID: SA11A1.4892

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial)

A. James Vermilion

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 30 / 2002

919 Byron Avenue

City

State

Zip Code

Columbus

OH

43227

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

175.00

Name of Employer

Motorists Mutual Insurance Company

Occupation

Vice President

Payroll Deduction \$35 Bi-weekly

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

455.00

Transaction ID: SA11A1.4893

Full Name (Last, First, Middle Initial)

B. Richard Walton

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 30 / 2002

3249 Scioto Run Blvd.

City

State

Zip Code

Hilliard

OH

43026

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

125.00

Name of Employer

Motorists Mutual Insurance Company

Occupation

Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

325.00

Transaction ID: SA11A1.4894

Full Name (Last, First, Middle Initial)

C. Peter Wasserberger

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 30 / 2002

7105 Lakebrook Blvd.

City

State

Zip Code

Columbus

OH

43235

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

100.00

Name of Employer

Motorists Mutual Insurance Company

Occupation

Vice President

Payroll Deduction \$20 Bi-weekly

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

260.00

Transaction ID: SA11A1.4895

SUBTOTAL of Receipts This Page (optional)

400.00

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 / 11	
	<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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

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

Mailing Address
 1229 Smiley Court

City State Zip Code
 Westerville OH 43081

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 30 / 2002

Amount of Each Receipt this Period
 150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Payroll Deduction \$30 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Transaction ID: SA11A1.4896

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

Mailing Address
 8D Timbarknoll Loop

City State Zip Code
 Powell OH 43065

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 30 / 2002

Amount of Each Receipt this Period
 175.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Treasurer

Payroll Deduction \$35 Bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 455.00

Transaction ID: SA11A1.4898

C.

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	2420.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. Citizens for Geoffrey C. Smith		Date of Disbursement 06 / 18 / 2002	
Mailing Address 865 Macon City Columbus State OH Zip Code 43206		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement State Political Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.4912	
State: District:			

Full Name (Last, First, Middle Initial) B. Committee for Common Pleas Judge Lisa Sadler		Date of Disbursement 06 / 18 / 2002	
Mailing Address 100 South Third Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement State Political Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.4911	
State: District:			

Full Name (Last, First, Middle Initial) C. Cupp for Judge Committee		Date of Disbursement 04 / 26 / 2002	
Mailing Address 2021 Allentown Rd., Suite 3 City Lima State OH Zip Code 45805		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement State Political Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.4910	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	900.00
TOTAL This Period (last page this line number only)	900.00