

**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)

(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:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

in the State of

OH

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2004

through

10

13

2004

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

10

15

2004

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

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M10 [:]01 ^Y2004 To: ^M10 [:]13 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		6083.19
(b) Cash on Hand at Beginning of Reporting Period	678.94	
(c) Total Receipts (from Line 19)	876.00	18962.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1554.94	25045.44
7. Total Disbursements (from Line 31)	125.00	23615.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1429.94	1429.94
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M10 ⁻01 ⁻2004 To: ^N10 ⁻13 ⁻2004

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)	869.00	
(ii) Unitemized	7.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	876.00	18951.00
(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)	876.00	18951.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	11.25
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))	876.00	18962.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	876.00	18962.25

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.....	0.00	40.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	40.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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.....	125.00	22075.00
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 ActMty (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))..	125.00	23615.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	125.00	23615.50

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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)	876.00	18951.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	876.00	18951.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	40.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	40.50

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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)

Full Name (Last, First, Middle Initial) A. Michael J. Agan		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 585B Tynecastle Loop		Transaction ID: SA11A1.5598
City State Zip Code Dublin OH 43016	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 315.00	Payroll Deduction \$15 bi-weekly

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 139D Picardae Court		Transaction ID: SA11A1.5598
City State Zip Code Powell OH 43065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 1050.00	Payroll Deduction \$50 bi-weekly

Full Name (Last, First, Middle Initial) C. Duane L. Cable		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 6984 Linbrook Blvd.		Transaction ID: SA11A1.5800
City State Zip Code Columbus OH 43235	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 315.00	Payroll Deduction \$15 bi-weekly

SUBTOTAL of Receipts This Page (optional)	90.00
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 / 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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. Thomas D. Campene		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 8438 Meadow Glen N		Transaction ID: SA11A1.5601
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. James J. Carr		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 851 Hickory View Ct		Transaction ID: SA11A1.5602
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Com	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John D. Cuffman		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 7042 Tralea Drive		Transaction ID: SA11A1.5603
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$17 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 357.00	

SUBTOTAL of Receipts This Page (optional)	47.00
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 8 / 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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. Kathleen M. Cooper		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 10544 Smoke Road, SW		Transaction ID: SA11A1.5604
City Pataskala	State OH	Zip Code 43062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Daniel L. Crawford		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 8323 Cook Road		Transaction ID: SA11A1.5605
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Douglas L. Dodson		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 4855 Raven Court		Transaction ID: SA11A1.5606
City Hilliard	State OH	Zip Code 43028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Companies	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 9 / 21

(check only one)

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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. Craig G. Ebervine		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 142B Sedgefield Dr.		Transaction ID: SA11A1.5607
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Michael D. Finch		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 8957 Chateau Drive		Transaction ID: SA11A1.5608
City Pickerington	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Charles R. Gaskill		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 1425 Briarmeadow Dr.		Transaction ID: SA11A1.5609
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$10 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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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. Shaun D. Gregoire		Date of Receipt M / D / Y Y Y Y 10 / 13 / 2004
Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11A1.5610
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Marc S. Hal		Date of Receipt M / D / Y Y Y Y 10 / 13 / 2004
Mailing Address 5999 Lane Road		Transaction ID: SA11A1.5611
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Paul T. Hamner		Date of Receipt M / D / Y Y Y Y 10 / 13 / 2004
Mailing Address 813 East College Avenue		Transaction ID: SA11A1.5612
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

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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. Peter A. Hitchcock		Date of Receipt M / D / Y 10 / 13 / 2004	
Mailing Address 1400 Snowmass Road		Transaction ID: SA11A1.5613	
City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Corporate Actuary Aggregate Year-to-Date ▼ 315.00		
Full Name (Last, First, Middle Initial) B. Paul R. Halmquist		Date of Receipt M / D / Y 10 / 13 / 2004	
Mailing Address 947 East Johnstown Road #161		Transaction ID: SA11A1.5614	
City Gahanna	State OH	Zip Code 43230	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Corporate Counsel Aggregate Year-to-Date ▼ 315.00		
Full Name (Last, First, Middle Initial) C. Jeffrey D. Hoover		Date of Receipt M / D / Y 10 / 13 / 2004	
Mailing Address 4556 Durham Court		Transaction ID: SA11A1.5615	
City Hilliard	State OH	Zip Code 43028	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 315.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
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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. Wallace S. Hysel		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 593B Coventry Hurst Lane		Transaction ID: SA11A1.5616
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Larry D. Jones		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 8407 Emeric Close		Transaction ID: SA11A1.5617
City Reynoldsburg	State OH	Zip Code 43068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Motorists Insurance Companies	Occupation Manager	Payroll Deduction \$10 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. David L. Kaufman		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.5618
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CID	Payroll Deduction \$30 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 13 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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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. John C. Kessler		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 391 D Caswell Road		Transaction ID: SA11A1.5619
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$20 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Anne B. King		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 8934 Roundwood Ct		Transaction ID: SA11A1.5620
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Teresa M. King		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1139 Tidewater Court		Transaction ID: SA11A1.5621
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Insurance Companies	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 14 / 21
(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)

Full Name (Last, First, Middle Initial) A. Michael Lisi		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 874D Callaway Court		Transaction ID: SA11A1.5623
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Todd A. Long		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1002 Loch Ness Avenue		Transaction ID: SA11A1.5624
City Worthington	State OH	Zip Code 43285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Orville R. Lyons, II		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 484B St. Medan Drive		Transaction ID: SA11A1.5625
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Payroll Deduction \$27 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 567.00	

SUBTOTAL of Receipts This Page (optional)	57.00
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

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(check only one)

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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. Joseph E. Merkel		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 5725 Ballymead Blvd.		Transaction ID: SA11A1.5628
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Mark J. Nixon		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 862 East Fifth Avenue		Transaction ID: SA11A1.5627
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Thomas C. Ogg		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 10187 Chelton Wood		Transaction ID: SA11A1.5628
City Powell	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll Deduction \$40 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)

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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. Paul J. Richards		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 4732 Golf Village Drive		Transaction ID: SA11A1.5629
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Randolph A. Rudowicz		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.5630
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Karen L. Schwartz		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.5631
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
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
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(check only one)

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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. Ralph W. Smithers, Jr.		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 431 B Portabella Drive		Transaction ID: SA11A1.5632
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Charles D. Stapleton		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 690D Kindler Drive		Transaction ID: SA11A1.5633
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Tamara A. Stephens		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 881 B Cooks Hill Road		Transaction ID: SA11A1.5634
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
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
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(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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. Gary J. Tisdale		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1636 Sandyside Drive		Transaction ID: SA11A1.5635
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. James E. Vermilion		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.5636
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$35 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

Full Name (Last, First, Middle Initial) C. Richard J. Walton		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.5637
City Hilliard	State OH	Zip Code 43028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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

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(check only one)
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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. Peter A. Weisenberger		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 7105 Lakebrook Blvd.		Transaction ID: SA11A1.5638
City	State	Zip Code
Columbus	OH	43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$20 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Charles A. Wickert		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.5638
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll Deduction \$30 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) C. Charles A. Wilkins		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 80 Barleycorn Drive		Transaction ID: SA11A1.5640
City	State	Zip Code
Sunbury	OH	43074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	65.00
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

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

Full Name (Last, First, Middle Initial) A. Michael L. Wiseman		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.5641
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date ▼ 735.00	Payroll Deduction \$35 bi-weekly

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	869.00

**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)

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<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 type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. French for Judge

Mailing Address 100 South Third Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
State Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: SB29.5697

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) ▶ 125.00

TOTAL This Period (last page this line number only) ▶ 125.00