

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE C00336834 Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)		REPORT COVERING PERIOD	
		FROM 1-1-1999	TO 6-30-1999
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		\$ 3,029.00	\$ 3,029.00
i. Itemized (use Schedule A)		1,981.00	1,981.00
ii. Unitemized		5,010.00	5,010.00
R. Total (add i and ii) >		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a ii, b and c) >		5,010.00	5,010.00
12. Transfers From Affiliated/Other Party Committees		0	0
13. All Loans Received		0	0
14. Loan Repayments Received		0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		61.94	61.94
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		5,071.94	5,071.94
20. Total Federal Receipts (subtract line 16 from line 19) >		5,071.94	5,071.94
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H):			
i. Federal Share		0	0
ii. Non-Federal Share		0	0
b. Other Federal Operating Expenditures		29.50	29.50
c. Total Operating Expenditures (add a i, a ii, and b) >		29.50	29.50
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,500.00	3,500.00
24. Independent Expenditures (use Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made		0	0
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements		1,500.00	1,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		5,029.50	5,029.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		5,029.50	5,029.50
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		5,010.00	5,010.00
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		5,010.00	5,010.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		29.50	29.50
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35) >		29.50	29.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 (a) (i)

CONTRIBUTIONS FROM INDIVIDUALS

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) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. Bishop 558 Old Coach Road Westerville, OH 43081-1313	Motorists Mutual Insurance Company	Payroll Deduction	\$416.00 (\$32 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice Pres. Aggregate Year-to-Date > \$416.00		
Robert L. Blewitt 1642 Essex Road Columbus, OH 43221	Motorists Mutual Insurance Company	Payroll Deduction	\$260.00 (20 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$260.00		
John H. Huey 2529 Vi-Lilly Circle Grove City, OH 43123	Motorists Mutual Insurance Company	Payroll Deduction	\$286.00 (\$22 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$286.00		
Thomas C. Ogg 313 Meditation Lane Columbus, OH 43235	Motorists Mutual Insurance Company	Payroll Deduction	\$390.00 (\$30 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Secretary Aggregate Year-to-Date > \$390.00		
Robert E. H. Rabold 466 Delegate Drive Columbus, OH 43235	Motorists Mutual Insurance Company	Payroll Deduction	\$650.00 (\$50 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman, President, CEO Aggregate Year-to-Date > \$650.00		
Duane Swartz 1505 Clubview Boulevard, S. Columbus, OH 43235	Motorists Mutual Insurance Company	Payroll Deduction	\$338.00 (\$26 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$338.00		
James E. Vermillion 919 Byron Avenue Columbus, OH 43227	Motorists Mutual Insurance Company	Payroll Deduction	\$325.00 (\$25 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$325.00		

SUBTOTAL of Receipts This Page (optional) \$2,665.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 (a) (i)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code Michael L. Wiseman 931 Vauxhill Lane Powell, OH 43065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer - Motorists Mutual Insurance Company Occupation Treasurer Aggregate Year-to-Date > \$ 364.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$364.00 (\$28 biweekly)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$ 364.00
TOTAL This Period (last page this line number only)	\$5,010.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

OTHER FEDERAL RECEIPTS

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
None Itemized	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$61.94

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 (b)

OTHER FEDERAL OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
None Itemized			
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$29.50

SCHEDULE B

ITEMIZED DISBURSEMENTS COMMITTEES

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

PAGE 1 OF 1
FOR LINE NUMBER 23

CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL

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NAME OF COMMITTEE (in full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Life PAC 100 South Third Street Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-19-99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code OII PAC 172 E. State St., P.O.B. 816 Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-1-99	\$ 50.00
C. Full Name, Mailing Address and ZIP Code OII PAC 172 E. State St., P.O.B. 816 Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-99	\$2,450.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$3,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

OTHER DISBURSEMENTS

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Hottinger 386 Sabreclutt Drive Newark, OH 43055	Non-federal candidate Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-99	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Davidson for State Representative 865 Macon Alley Columbus, OH 43206	Non-federal candidate Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-11-99	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Elect Householder Committee 624 Wyandotte Avenue Logan, OH 43138	Non-federal candidate Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-28-99	\$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	7-21-99 DATE PREPARED