

**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)

X 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)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

Post -Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

09

30

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

14

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: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^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	2858.31	
(c) Total Receipts (from Line 19)	6134.13	18086.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6092.44	24169.44
<hr/>		
7. Total Disbursements (from Line 31)	8313.50	23490.50
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	678.94	678.94
<hr/>		
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: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

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)	5943.00	
(ii) Unitemized	189.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6132.00	18075.00
(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)	6132.00	18075.00
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.)	2.13	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))	6134.13	18086.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6134.13	18086.25

DETAILED SUMMARY PAGE

of Disbursements

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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	40.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13.50	40.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	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.....	7600.00	21950.00
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))..	8313.50	23490.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	8313.50	23490.50

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)	6132.00	18075.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6132.00	18075.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13.50	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)	13.50	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 / 25

(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 J. Agan		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 585B Tynecastle Loop		Transaction ID: SA11A1.5515	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.5516	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$50 bi-weekly	
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Duane L. Cable		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 6984 Linbrook Blvd.		Transaction ID: SA11A1.5517	
City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶ **580.00**

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 / 25

(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. Campano		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 8438 Meadow Glen N		Transaction ID: SA11A1.5518	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. James J. Carr		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 851 Hickory View Ct		Transaction ID: SA11A1.5518	
City Westerville	State OH	Zip Code 43081	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Com	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. John D. Cuffman		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 7042 Tralea Drive		Transaction ID: SA11A1.5520	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 119.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$17 bi-weekly	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 340.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶ **329.00**

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 / 25

(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 Y Y Y 09 / 30 / 2004	
Mailing Address 10544 Smoke Road, SW		Transaction ID: SA11A1.5521	
City Pataskala	State OH	Zip Code 43062	Amount of Each Receipt this Period 105.00
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 ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Daniel L. Crawford		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 8323 Cook Road		Transaction ID: SA11A1.5522	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25 bi-weekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Douglas L. Dodson		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 4855 Raven Court		Transaction ID: SA11A1.5523	
City Hilliard	State OH	Zip Code 43028	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15 bi-weekly	
Name of Employer Motorists Mutual Insurance Companies Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶ **385.00**

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 9 / 25
(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. Craig G. Eberwine		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 142B Sedgefield Dr.		Transaction ID: SA11A1.5524
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael D. Finch		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 8957 Chateau Drive		Transaction ID: SA11A1.5525
City Pickerington	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Shaun D. Gregore		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11A1.5527
City Powell	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	385.00
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 10 / 25

(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. Marc S. Hall		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 599B Lane Road		Transaction ID: SA11A1.5528
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Paul T. Hammar		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 813 East College Avenue		Transaction ID: SA11A1.5529
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Peter A. Hitchcock		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1409 Snowmass Road		Transaction ID: SA11A1.5530
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Corporate Actuary	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	315.00
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 11 / 25

(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. Paul R. Holmquist		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 947 East Johnstown Road #161		Transaction ID: SA11A1.5535	
City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 105.00		
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 ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Jeffrey D. Hoover		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 4556 Dirham Court		Transaction ID: SA11A1.5536	
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 105.00		
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 ▼ 300.00		
Full Name (Last, First, Middle Initial) C. Wallace S. Hysel		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 5939 Coventry Hurst Lane		Transaction ID: SA11A1.5538	
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 105.00		
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶

315.00

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 12 / 25

(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. David L. Kaufman		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.5540
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll Deduction \$30 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John C. Kessler		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 391D Caswell Road		Transaction ID: SA11A1.5541
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Anne B. King		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 6934 Roundwood Ct		Transaction ID: SA11A1.5542
City Dublin	State OH	Zip Code 43010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 13 / 25
(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. Teresa M. King		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 113B Tidewater Court		Transaction ID: SA11A1.5543
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Insurance Companies	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) B. Michael Lisi		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 874D Callaway Court		Transaction ID: SA11A1.5545
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Todd A. Long		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1002 Loch Ness Avenue		Transaction ID: SA11A1.5546
City Worthington	State OH	Zip Code 43285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	315.00
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 / 25

(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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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. Orville R. Lyons, II		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 484B St. Medan Drive		Transaction ID: SA11A1.5547
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 189.00
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 ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Joseph E. Mentel		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 5725 Ballymead Blvd.		Transaction ID: SA11A1.5548
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mark J. Nixon		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 682 East Fifth Avenue		Transaction ID: SA11A1.5549
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	399.00
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 15 / 25
(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. Thomas C. Ogg		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 10187 Chelton Wood		Transaction ID: SA11A1.5551
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll Deduction \$40 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Paul J. Richards		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 4732 Golf Village Drive		Transaction ID: SA11A1.5552
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Randolph A. Rudowicz		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.5553
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	580.00
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 16 / 25

(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. Karen L. Schwartz		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.5554
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ralph W. Smithers, Jr.		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 4319 Portabella Drive		Transaction ID: SA11A1.5555
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Charles D. Stapleton		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.5556
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	455.00
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 17 / 25

(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. Tamara A. Stephens		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 8818 Cooks Hill Road		Transaction ID: SA11A1.5557
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gary J. Tisdale		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1636 Sandyside Drive		Transaction ID: SA11A1.5558
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$15 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.5580
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
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 ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 18 / 25
(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. Richard J. Walton		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.5561
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Peter A. Weisenberger		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 7105 Lakebrook Blvd.		Transaction ID: SA11A1.5562
City Columbus	State OH	Zip Code 43226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles A. Wiekert		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.5563
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	525.00
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 10 / 25
(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. Charles A. Williams Full Name (Last, First, Middle Initial) Mailing Address 80 Barleycorn Drive City State Zip Code Sunbury OH 43074		Date of Receipt M M / D D / Y Y Y Y 09 30 2004 Transaction ID: SA11A1.5564 Amount of Each Receipt this Period 105.00 Payroll Deduction \$15 bi-weekly
FEC ID number of contributing federal political committee. C		
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 300.00	
B. Michael L. Wiseman Full Name (Last, First, Middle Initial) Mailing Address 80 Timberknoll Loop City State Zip Code Powell OH 43065		Date of Receipt M M / D D / Y Y Y Y 09 30 2004 Transaction ID: SA11A1.5565 Amount of Each Receipt this Period 245.00 Payroll Deduction \$35 bi-weekly
FEC ID number of contributing federal political committee. C		
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	5943.00

**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 checked="" 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 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. Tiberi for Congress

Mailing Address 2021 E. Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Federal Political Contribution

Candidate Name

Office Sought: House
Senate
President

State: OH District: 12

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.5689
Date of Disbursement
09 / 14 / 2004

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

**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. Citizens for Bowers		Transaction ID: SB29.5586 Date of Disbursement 08 / 24 / 2004	
Mailing Address 865 Macon Alley		Amount of Each Disbursement this Period 200.00	
City Columbus	State OH	Zip Code 43206	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Citizens for DeWine		Transaction ID: SB29.5594 Date of Disbursement 09 / 30 / 2004	
Mailing Address 506 Crisp Wind Court		Amount of Each Disbursement this Period 325.00	
City Fairborn	State OH	Zip Code 45324	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Citizens for Larry Wolpert		Transaction ID: SB29.5591 Date of Disbursement 09 / 14 / 2004	
Mailing Address 100 South Third Street		Amount of Each Disbursement this Period 100.00	
City Columbus	State OH	Zip Code 43215	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

**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. Citizens for Reidelbach		Transaction ID: SB29.5587 Date of Disbursement 09 / 10 / 2004	
Mailing Address 3323 Cleveland Avenue		Amount of Each Disbursement this Period 100.00	
City Grove City State OH Zip Code 43123	Purpose of Disbursement State Political Contribution Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens for Salem		Transaction ID: SB29.5584 Date of Disbursement 08 / 24 / 2004	
Mailing Address 295 West 4th Avenue		Amount of Each Disbursement this Period 250.00	
City Columbus State OH Zip Code 43201	Purpose of Disbursement State Political Contribution Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Doug White for Good Gov't. Comm.		Transaction ID: SB29.5574 Date of Disbursement 07 / 19 / 2004	
Mailing Address 18877 St. Rt. 136		Amount of Each Disbursement this Period 250.00	
City Winchester State OH Zip Code 45897	Purpose of Disbursement State Political Contribution Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: 2004 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶ **600.00**

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

**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 23 / 25

<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		Transaction ID: SB29.5580 Date of Disbursement 09 / 14 / 2004	
Mailing Address 100 South Third Street		Amount of Each Disbursement this Period 250.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Friends of Charlie Wilson		Transaction ID: SB29.5585 Date of Disbursement 08 / 24 / 2004	
Mailing Address 252 West Main Street PO Box 61		Amount of Each Disbursement this Period 250.00	
City St. Clairsville State OH Zip Code 43050	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Friends of Fessler		Transaction ID: SB29.5582 Date of Disbursement 09 / 20 / 2004	
Mailing Address 7530 Ross Road		Amount of Each Disbursement this Period 100.00	
City Carlisle State OH Zip Code 45344	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

**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 24 / 25

<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. Friends of Raga		Transaction ID: SB29.5595 Date of Disbursement 09 / 30 / 2004	
Mailing Address 7700 Brookfarm Court		Amount of Each Disbursement this Period 325.00	
City Mason State OH Zip Code 45040	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	
Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Husted for State Representative		Transaction ID: SB29.5593 Date of Disbursement 09 / 30 / 2004	
Mailing Address 148 Sherbrooke Drive		Amount of Each Disbursement this Period 350.00	
City Kettering State OH Zip Code 45420	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	
Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Reelect Chief Justice Thos J Moyer Com		Transaction ID: SB29.5582 Date of Disbursement 08 / 13 / 2004	
Mailing Address 100 East Broad Street Suite 2930		Amount of Each Disbursement this Period 2800.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	
Disbursement For: 2004 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	3475.00
TOTAL This Period (last page this line number only) ▶	

**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. Republican Senate Campaign Committee

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
State PAC Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: SB29.5566
Date of Disbursement
07 / 13 / 2004

Amount of Each Disbursement this Period
2500.00

Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	7800.00