

# 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** C00336834  
**3. IS THIS REPORT**  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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
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 04 13 2006 through 06 30 2006

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 07 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: 

M	M
0	4

D	D
1	3

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		10444.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	4428.38									
(c) Total Receipts (from Line 19) .....	5668.34	12190.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10096.72	22635.22								
7. Total Disbursements (from Line 31) .....	8163.50	20702.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1933.22	1933.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
1	3

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3224.00	4764.00
(i) Itemized (use Schedule A) .....	2307.00	7284.00
(ii) Unitemized .....	5531.00	12048.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5531.00	12048.00
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 .....	132.83	132.83
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.51	10.02
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)) .....	5668.34	12190.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5668.34	12190.85

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13.50	27.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13.50	27.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	3500.00
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.....	7900.00	17175.00
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 Activity (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))..	8163.50	20702.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8163.50	20702.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	5531.00	12048.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5531.00	12048.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13.50	27.00
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	27.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

<b>A.</b> Full Name (Last, First, Middle Initial) John J. Bishop		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1390 Picardae Court		<b>Transaction ID:</b> SA11A1.6216
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Grady Campbell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 5760 Whispering Trail		<b>Transaction ID:</b> SA11A1.6219
City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) John D. Coffman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 7042 Tralee Drive		<b>Transaction ID:</b> SA11A1.6220
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 102.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	552.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel L. Crawford		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 6323 Cook Road		<b>Transaction ID:</b> SA11A1.6222
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Craig G. Eberwine		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1428 Sedgefield Dr.		<b>Transaction ID:</b> SA11A1.6225
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David L. Kaufman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 7925 Greenside Lane		<b>Transaction ID:</b> SA11A1.6235
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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) <b>A.</b> John C. Kessler		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 3910 Caswell Road		Transaction ID: SA11A1.6236	
City Johnstown	State OH	Zip Code 43031	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Anne B. King		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 6934 Roundwood Ct.		Transaction ID: SA11A1.6237	
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Orville R. Lyons, II		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 4848 St. Medan Drive		Transaction ID: SA11A1.6242	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 162.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation Vice President	Aggregate Year-to-Date ▼ 351.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	432.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Thomas C. Ogg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 10167 Chelton Wood		<b>Transaction ID: SA11A1.6245</b>	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Randolph A. Rudowicz</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1026 Loch Ness Avenue		<b>Transaction ID: SA11A1.6250</b>	
City State Zip Code Worthington OH 43085		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Karen L. Schwartz</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1252 Pond Hollow Lane		<b>Transaction ID: SA11A1.6251</b>	
City State Zip Code New Albany OH 43054		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)**

<b>A.</b> Full Name (Last, First, Middle Initial) Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 6900 Kindler Drive		<b>Transaction ID:</b> SA11A1.6253
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 8816 Cooks Hill Road		<b>Transaction ID:</b> SA11A1.6254
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 3264 Arctic Avenue		<b>Transaction ID:</b> SA11A1.6255
City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction
Name of Employer Motorists Mutual Ins. Co.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<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) <b>A. James E. Vermillion</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 919 Byron Avenue		<b>Transaction ID: SA11A1.6257</b>
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. Richard J. Walton</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 3249 Scioto Run Blvd.		<b>Transaction ID: SA11A1.6258</b>
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Peter A. Weisenberger</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 7105 Lakebrook Blvd.		<b>Transaction ID: SA11A1.6259</b>
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> 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 12 / 16
	(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) <b>A. Charles A. Wickert</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 5519 Medallion Drive W.		<b>Transaction ID: SA11A1.6260</b>	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>B. Michael L. Wiseman</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 90 Timberknoll Loop		<b>Transaction ID: SA11A1.6262</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3224.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 Mike Gilb for Congress

Mailing Address 747 East Sandusky Street

City Findlay State OH Zip Code 45840

FEC ID number of contributing federal political committee. **C** C00417436

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 132.83

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA16.6265

Amount of Each Receipt this Period  
 132.83

Refund -- withdrew from race

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	132.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	132.83

**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 14 / 16

<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. BOB NEY FOR CONGRESS**

Mailing Address PO BOX 600

City State Zip Code  
HEBRON OH 43025

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
BOB NEY FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: OH District: 18

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6211

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<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) <b>A. Citizens for Kevin Bacon</b>		<b>Transaction ID: SB29.6205</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 5325 Ponderosa Drive		Amount of Each Disbursement this Period 150.00
City Columbus State OH Zip Code 43231	Purpose of Disbursement Political Contribution 011 Category/ Type	
Candidate Name Citizens for Kevin Bacon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cupp for Supreme Court</b>		<b>Transaction ID: SB29.6202</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 500 South Front St. Suite 700		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Campaign Contribution/OH Supreme Court 011 Category/ Type	
Candidate Name Cupp for Supreme Court		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cupp for Supreme Court</b>		<b>Transaction ID: SB29.6206</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 500 South Front St. Suite 700		Amount of Each Disbursement this Period 1250.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Campaign Contribution 011 Category/ Type	
Candidate Name Cupp for Supreme Court		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3900.00
<b>TOTAL</b> 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)

<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) <b>A. Friends of Jim Raussen</b>		<b>Transaction ID: SB29.6203</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 661 Park Avenue		Amount of Each Disbursement this Period 250.00
City Cincinnati State OH Zip Code 45246	Purpose of Disbursement Campaign Contribution Candidate Name Friends of Jim Raussen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 28 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Husted for Ohio</b>		<b>Transaction ID: SB29.6209</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 148 Sherbrooke Drive		Amount of Each Disbursement this Period 2500.00
City Kettering State OH Zip Code 45429	Purpose of Disbursement Campaign Contribution Candidate Name Husted for Ohio Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37 Disbursement For: 2206 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2206 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ohioans for Justice O'Donnell</b>		<b>Transaction ID: SB29.6207</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 500 S. Front Street Suite 700		Amount of Each Disbursement this Period 1250.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Campaign contribution Candidate Name Ohioans for Justice O'Donnell Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7900.00