

**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)
- X 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)
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

04

01

2004

through

06

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

07

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: ^M04 ^Y01 ^Y2004 To: ^M06 ^Y30 ^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	6101.95	
(c) Total Receipts (from Line 19)	5319.86	11952.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11421.81	18035.31
7. Total Disbursements (from Line 31)	8563.50	15177.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2858.31	2858.31
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: ^M04 ⁻01 ⁻2004 To: ^N06 ⁻30 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3084.00	
(ii) Unitemized	2232.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	5316.00	11943.00
(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)	5316.00	11943.00
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.)	3.86	9.12
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))	5319.86	11952.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5319.86	11952.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	1000.00	1000.00
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.....	7550.00	14150.00
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))..	8563.50	15177.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	8563.50	15177.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	5316.00	11943.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5316.00	11943.00
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: PAGE 6 / 16

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. John J. Bishop		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.5470
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO	Payroll Deduction \$50 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. John D. Coffman		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 7042 Tralee Drive		Transaction ID: SA11A1.5474
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$17 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

Full Name (Last, First, Middle Initial) C. Daniel L. Crawford		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 6323 Cook Road		Transaction ID: SA11A1.5476
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	552.00
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 / 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Craig G. Eberwine		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 142B Sedgefield Dr.		Transaction ID: SA11A1.5478
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. David L. Kaufman		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 7925 Greengside Lane		Transaction ID: SA11A1.5489
City Worthington	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO	Payroll Deduction \$30 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. John C. Keeler		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 391D Caswell Road		Transaction ID: SA11A1.5490
City Johnstown	State OH	Zip Code 43031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$20 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 / 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Anne B. King		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 8934 Roundwood Ct.		Transaction ID: SA11A1.5491
City Dublin	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Orville R. Lyons, II		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 1185 Starbuck Ct.		Transaction ID: SA11A1.5496
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 162.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$27 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) C. Thomas C. Ogg		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 10187 Chelton Wood		Transaction ID: SA11A1.5499
City Powell	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll Deduction \$40 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	552.00
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 9 / 16

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Randolph A. Rudowicz		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 1026 Loch Ness Avenue		Transaction ID: SA11A1.5501
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll Deduction \$25 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Karen L. Schwartz		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 1252 Pond Hollow Lane		Transaction ID: SA11A1.5502
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Charles D. Stapleton		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.5504
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 / 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Tamara A. Stephens		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 8818 Cooks Hill Road		Transaction ID: SA11A1.5505
City Glenford	State OH	Zip Code 43739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$25 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Duane Swartz		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1505 Clubview Blvd., S.		Transaction ID: SA11A1.5506
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll Deduction \$30 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. James E. Vermillion		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.5508
City Columbus	State OH	Zip Code 43227
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 Vice President	Payroll Deduction \$35 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional)	420.00
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 11 / 16

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Richard J. Walton		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004	
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.5509	
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$25 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 325.00		
Full Name (Last, First, Middle Initial) B. Peter A. Weisenberger		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004	
Mailing Address 7105 Lakebrook Blvd.		Transaction ID: SA11A1.5510	
City Columbus	State OH	Zip Code 43226	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$20 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 280.00		
Full Name (Last, First, Middle Initial) C. Charles A. Wikert		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004	
Mailing Address 5519 Medallion Drive W.		Transaction ID: SA11A1.5511	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$30 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional)	450.00
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 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Michael L. Wiseman		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.5513
City Powell	State OH	Zip Code 43065
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 Treasurer	Payroll Deduction \$35 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	3084.00

**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 13 / 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

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. NATIONAL REPUBLICAN CONGRESSIONAL COMM

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Federal Political Contribution

Candidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMM

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

State: District

Transaction ID: SB23.5452
Date of Disbursement
04 / 28 / 2004

Amount of Each Disbursement this Period
1000.00

Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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 14 / 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

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. Citizens for Geoffrey C. Smith		Transaction ID: SB29.5458 Date of Disbursement 06 / 14 / 2004	
Mailing Address 1479 Cliff Court #B		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43204	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name Citizens for Geoffrey C. Smith	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Citizens for Hottinger		Transaction ID: SB29.5457 Date of Disbursement 06 / 01 / 2004	
Mailing Address 386 Sabreclutt Drive		Amount of Each Disbursement this Period 500.00	
City Newark State OH Zip Code 43055	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name Citizens for Hottinger	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Committee to Elect Earl Martin		Transaction ID: SB29.5459 Date of Disbursement 06 / 24 / 2004	
Mailing Address 32290 Lake Road		Amount of Each Disbursement this Period 250.00	
City Avon Lake State OH Zip Code 44012	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name Committee to Elect Earl Martin	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	1250.00
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 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

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. Committee to Elect Larry Flowers		Transaction ID: SB29.5455 Date of Disbursement 05 / 24 / 2004	
Mailing Address 14 East Gay 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 Committee to Elect Larry Flowers	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Committee to Elect Schmidt		Transaction ID: SB29.5456 Date of Disbursement 05 / 24 / 2004	
Mailing Address 100 East Broad Street Suite 2225		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 Committee to Elect Schmidt	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Friends for Faber		Transaction ID: SB29.5460 Date of Disbursement 06 / 24 / 2004	
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period 600.00	
City Celina State OH Zip Code 45822	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name Friends for Faber	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	1100.00
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 16 / 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

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. Friends for Faber		Transaction ID: SB29.5461 Date of Disbursement 06 / 25 / 2004	
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period 400.00	
City Celina	State OH	Zip Code 45822	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name Friends for Faber			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Lanzinger for Justice Committee		Transaction ID: SB29.5450 Date of Disbursement 04 / 20 / 2004	
Mailing Address 10 West Broad Street, Suite 900		Amount of Each Disbursement this Period 3600.00	
City Columbus	State OH	Zip Code 43215	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name Lanzinger for Justice Committee			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Reelect Chief Justice Thos J Moyer Com		Transaction ID: SB29.5449 Date of Disbursement 04 / 05 / 2004	
Mailing Address 100 East Broad Street Suite 2930		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH	Zip Code 43215	Category/ Type
Purpose of Disbursement State Political Contribution			
Candidate Name Reelect Chief Justice Thos J Moyer Com			
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	7550.00