FEC FORM 3X	AM 3X ADD SBURSEMENTS For Other Than An Authorized Committee Office Use Only ME OF MATTEE (in full) USE FEC MAILING LABEL Ower the Index Dampletif typing. type TORISTS MUTUAL INSURANCE COMPANY OVIC FUND Image: Company ovice function over the Index Image: Company over the Index SG (umber and street) 471 E BROAD ST Image: Company ovice function over the Index Image: Company over the Index Check if different than previously COLUMBUS Image: Columbus Image: Columbus Image: Columbus Coosse834 Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Coosse834 Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Coosse834 Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Coosse834 Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Coosse834 Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Counterly Report(Columbus Image: Columbus Image: Columbus Image: Columbus Image: Columbus Image: C					
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FEC FORM 3X AND DISEURSEMENTS For Other Than An Authorized Committee Office Use Only 1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OF PRINTY Example if typing, type over the lines Control type over the lines MOTORISTS MUTUAL INSURANCE COMPANY OVIC FUND						
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(Choose One) (a) Quarterly Rep X April 15 Quarterly July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election <i>i</i>) (MY)	Report Feb 20 Due On: Mar 20 Apr 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election of Comparison of the sector of th) (M3) J) (M4) J Primary (12P) Convention (1 on General (30G	un 20 (M6) ul 20 (M7)) Gu 2C) Sp	Sep 20 (M9) Oct 20 (M10) eneral (12G) Decial (12G) in the State of unoff (30R) in the	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) of Special (30S)
I certify that I have exam Type or Print Name of T Signature of Treasurer	ined this Report a reasurer <u>Mi</u> Ele <u>ctronically</u> F	and to the best of my knowl chael L. Wiseman	edge and belief it is man	true, correct and cor	nplete.	
FEC FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only 1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL ON TYPE OF PRINTY Example if typing, type						

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

	MOTORISTS MUTUAL INSURANCE	E COMPANY CIVIC FUND	
F	Report Covering the Period: From:	M M D D Y	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 ^Y ^Y		7307.14
	(b) Cash on Hand at Begining of Reporting Period	6177.64	
	(c) Total Receipts (from Line 19)	5991.03	12166.03
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12168.67	19473.17
7.	Total Disbursements (from Line 31)	5409.00	12713.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6759.67	6759.67
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

FE6AN026

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND 3^D1 ^м м 02 ^D14 ^м м 0 3 D D 2008 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3900.20 2320.20 (i) Itemized (use Schedule A) 3666.00 8261.00 (ii) Unitemized (iii) TOTAL (add 5986.20 12161.20 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 5986.20 12161.20 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 4.83 4.83 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 5991.03 12166.03 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 5991.03 12166.03 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

Total This Period	Calendar Year-to-Date
0.00	0.00
0.00	0.00
9.00	13.50
9.00	13.50
0.00	0.00
0.00	5000.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
5400.00	7700.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
5409.00	12713.50
	0.00 0.00 9.00 9.00 0.00

FE6AN026

DETAILED SUMMARY PAGE

	III Not Contributions/Operating		COLUMN B
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	Colomin B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	5986.20	12161.20
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5986.20	12161.20
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9.00	13.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	13.50

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/14 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 1
A c	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (COMPANY	CIVIC FUND	
× ۸.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.8670
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance	Occupatio	n n, President and CEO	Payroll deduction of \$80 per pay
	<u>Co.</u> Receipt For:	1 1	e Year-to-Date V	_
	Primary General Other (specify) ▼		320.00]
_	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			03 07 2008
	City	State	Zip Code	Transaction ID: SA11AI.8744
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00]
	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt
	Mailing Address 1390 Picardae Court			0 3 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8816
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Motorists Mutual Insurance Co.	Occupatio Chairma	n n, President and CEO	Payroll deduction of \$80 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 480.00]
	SUBTOTAL of Receipts This Page (optional)	1		240.00

	OULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one) X X 11a 13 14 15 16 17
or for com	ation copied from such Reports and Sta nercial purposes, other than using the r OF COMMITTEE (In Full) DRISTS MUTUAL INSURANCE C	atements may not be sold or used by any pers- name and address of any political committee to OMPANY CIVIC FUND	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>Mr. Larr</u> Mailing City	me (Last, First, Middle Initial) y L. Forrester Address 7542 East Rush Ridge F	Road State Zip Code IN 47401	Date of Receipt
FEC ID federal Name c Motoris Co. Receipt	number of contributing political committee. If Employer ts Mutual Insurance	C Occupation Director Aggregate Year-to-Date ▼ 237.60	Payroll deduction of \$57 60 per pay
B. Mr. Larr Mailing City Bloom FEC ID federal Name c Motoris Co. Receipt	me (Last, First, Middle Initial) y L. Forrester Address 7542 East Rush Ridge F ington number of contributing political committee. of Employer ts Mutual Insurance For: rimary General	Road State Zip Code IN 47401 C Occupation Director Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 8 Transaction ID: SA11AI.8812 Amount of Each Receipt this Period 57.60 Payroll deduction of \$57 60 per pay
C. Full Na Mr. Dav Mailing City Green FEC ID federal Name of Americ Ins. Receipt	number of contributing political committee. If Employer an Hardware Mutual	State Zip Code TN 37742 C Occupation Director Aggregate Year-to-Date ✓ 500.00	Date of Receipt Date of Receipt D 2 2 2 2 0 0 8 Transaction ID: SA11AI.8726 Amount of Each Receipt this Period 500.00 Contribution
SUBTOT	AL of Receipts This Page (optional)		615.20

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
× ۱.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken			Date of Receipt
	Mailing Address 2135 Hunters Ridge C	ourt		M M / D D / Y Y Y Y 03 07 2008
	City	State	Zip Code	Transaction ID: SA11AI.8741
	Manitowoc	WI	54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.	Occupatio Director	n	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge C	Court		Date of Receipt
	City	State	Zip Code	0 3 2 1 2 0 0 8 Transaction ID: SA11AI.8813
	Manitowoc	WI	54220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Motorists Mutual Ins. Co.		n	Payroll deduction of \$45 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 10167 Chelton Wood			0 3 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8775
	Powell		43065	Amount of Each Receipt this Period
	federal political committee.	C		50.00
	Name of Employer Motorists Mutual Insurance Company			Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	MIZED RECEIPTS Detailed Summary Page In the stategory of the Database of any political committee to solicit contend address of any political committee. Date Image: Solicit control committee. Date Image: Solicit contend address of any political committee control con	140.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/14 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE (name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Thomas C. Ogg		Date of Receipt
	Mailing Address 10167 Chelton Wood		M M / D D / Y
	City Powell	State Zip Code OH 43065	Transaction ID: SA11AI.8848
	FOWEII FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 50.00
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll deduction of \$50 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Mr. James J Owen Mailing Address 1312 Springbrook Lan	e	Date of Receipt
	City	State Zip Code	0 2 2 2 2 0 0 8 Transaction ID: SA11AI.8725
	<u>DeWitt</u>	IA 52742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00 Contribution
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Plac		0 2 / 2 2 / 2 0 0 8
	City Westlake	State Zip Code OH 44145	Transaction ID: SA11AI.8668 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	 Payroll deduction of \$55 per pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	605.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 14 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	/	COMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith		Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace	03 07 Y Y Y Y 008
	City	State Zip Code	Transaction ID: SA11AI.8742
	Information copied from such Reports and Statements may remercial purposes, other than using the name and add take OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY Of the composes of the rule of		Amount of Each Receipt this Period
	federal political committee.		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate Year-to-Date V	-
		275.00]
- В.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	1	Date of Receipt
	Mailing Address 29270 Hampshire Pla	ace	03 / D D / Y Y Y Y 21 2008
	City	I	Transaction ID: SA11AI.8814
	Westlake		Amount of Each Receipt this Period
	federal political committee.		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	Payroll deduction of \$55 per pay
	Receipt For:	Aggregate Year-to-Date V	7
		330.00]
– C.	Full Name (Last, First, Middle Initial) Mr. Burtis G. Taylor	1	Date of Receipt
	Mailing Address 4322 North Course La	ane	M M / D D / Y Y Y Y 02 19 2008
	City Avon Park	•	Transaction ID: SA11AI.8651
	AVON Park FEC ID number of contributing		Amount of Each Receipt this Period 500.00
	federal political committee.		
	Name of Employer American Hardware Mutual Ins.	Occupation Director	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		610.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/14
			Use separate schedule(s) for each category of the	(check only one)
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	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	⊥ y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MOTORISTS MUTUAL INSURANCE C	COMPANY	CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt
	Mailing Address 919 Byron Avenue			M · M / D · D / Y
	City	State	Zip Code	Transaction ID: SA11AI.8861
	Columbus	OH	43227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer	Occupatio	n	Payroll deduction of \$35
	Motorists Mutuál Insurance Company	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		210.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western			Date of Receipt
	Mailing Address 5203 South 8th Street			0 3 2 1 Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8811
	Sheboygan	WI	53081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Wilson Mutual Ins. Company	Occupation Presiden		Payroll deduction of \$40 per pay
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		240.00	
- C.	Full Name (Last, First, Middle Initial) Michael L. Wiseman			Date of Receipt
0.	Mailing Address 90 Timberknoll Loop			0 3 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8866
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Motorists Mutual Insurance	Occupation Treasure		Payroll deduction of \$35 per pay
	Company Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		210.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		110.00
F				2320.20
	TOTAL This Period (last page this line number	only)		

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) (shook only one)							PAGE 12/14							
	Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	X	25 29				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												S			
NAME OF COMMITTEE (In Full)															
MOTORISTS MUTUAL INSURANCE COM	IPANY CIVIC FUND														
Full Name (Last, First, Middle Initial) Citizens for Hottinger															
Mailing Address 386 Sabrecutt Drive					0 [™] 2	М	/ D	1	^D /	² à	οò	3 [°]			
City Newark	State Zip Code OH 43055				Amo	unt d	of Eacl	h I	Disburs	emer	t this	Period			
Purpose of Disbursement Campaign contribution			01	1							500.0	0			
Candidate Name		Ca	-	gory/											
Senate President	ement For: 2008 Primary X General Other (specify) ▼		. ,,		_										
State: OH District: 71															
Full Name (Last, First, Middle Initial) Committee for Joseph W. Testa				Date	of D	lisburs	sei								
Mailing Address 1892 Birkdale Drive					0 [™] 2	М	/ D	1	^D 4	Ý Ž	0 Ŏ	B			
City Columbus	StateZip CodeOH43232	Amount of Each Disbursement this Period													
Purpose of Disbursement Campaign Contribution			01	1							250.0)0			
Candidate Name			ate Ty	gory/ ce											
Office Sought: House Disburs Senate President State: District:	ement For: 2008 Primary X General Other (specify) ▼														
Full Name (Last, First, Middle Initial) Committee to Elect Keenan							i on ID Disburs		SB29.8 ment	3728					
Mailing Address 865 Macon Alley					0 [™] 3	М	/ D	0	^D /	Y 2	οò	BY			
City Columbus	StateZip CodeOH43206				Amo	unt o	of Eacl	h I	Disburs						
Purpose of Disbursement Campaign Contribution			01	1							250.0	0			
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Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify) ▼														
State: OH District: 22															
SUBTOTAL of Disbursements This Page (optional)				•						10	000.0	0			
TOTAL This Period (last page this line number only)			►											

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		-		arate schedule(s)							PAGE 13/14						
11	EMIZED DIS	BURSEMENT	5	for each category of the Detailed Summary Page				21b 27	22 28a		23 28b		24 28c	x	25 29	23		
		from such Reports ar oses, other than using														3		
$\overline{\ }$	NAME OF COMMI																	
$ \rangle$		JTUAL INSURANC		PANY CI	VIC FUND													
<u>v</u>	Full Name (Last, Fi Friends of Faber	,									ion ID: isburs	-		647				
	Mailing Address	7706 State Route	e 703						[™] 2	М	′ 1	^D 4	Y	ž	οòε	3 Y		
	City Celina			State OH	Zip Code 45822				Amo	unt c	f Each	Disbu	ırse	ment	this F	Period		
	Purpose of Disburs Campaign Contribti						01	, I	L.					5	500.0	0		
	Candidate Name					Ca	ateg Typ	ory/										
	Office Sought:	House X Senate President		nent For: Primary Other (spe	2008 X General ecify) ▼		<u></u>											
		District: 12																
	Full Name (Last, First, Middle Initial) Friends of Faber								Date	of D	ion ID: isburs	ement						
	Mailing Address 7706 State Route 703								[™] 2	М	[′] 2	2 9 2 9	Y	ž	οòε	} ^Y		
	City Celina		State Zip Code OH 45822					Amount of Each Disbursement this Period										
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	Full Name (Last, Fi LIFEPAC	rst, Middle Initial)									ion ID: isburs			373				
	Mailing Address	100 South Third	Street						0 [™] 3	М	[′] 2	25	Y	ž	οòε	3 ^Y		
	City Columbus			State OH	Zip Code 43215				Amo	unt c	f Each	Disbu	ırse					
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	Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe	2008 X General ecify) ▼													
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s	UBTOTAL of Disbu	rsements This Page (optional)					•						17	50.0	0		
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FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X) Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE N (check only of the Detailed Summary Page) Image: schedule sch	2223242528a28b28cX2928c1000000000000000000000000000000000000
Detailed Stating Y toge 27 Intermetion copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to solic NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) OIIPAC Mailing Address 172 East State Street P. O. Box 816 City State City OH 43216 Purpose of Disbursement Annual contribution Cardidate Name Office Sought: House President Disbursement For: 2008 Senate Primary Other (specify) ▼ State: Disbursement For: Purpose of Disbursement Other (specify) Type Type	28a 28b 28c X 29 the purpose of soliciting contributions it contributions from such committee Transaction ID: SB29.8649 Date of Disbursement 0 0 1 4 Y 2 0 8 Amount of Each Disbursement this Period 1500.00
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Office Sought: House Disbursement For: 2008 Senate Primary X General President Other (specify) ▼ State: District: ✓ Full Name (Last, First, Middle Initial) Other (specify) ▼ OIIPAC Mailing Address 172 East State Street P: O. Box 816 OH 43216 Purpose of Disbursement OH 011 Candidate Name 011 Category/ Type	Date of Disbursement
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P. O. Box 816 City State Zip Code Columbus OH 43216 Purpose of Disbursement Contribution 011 Candidate Name 011 Category/ Type	02 14 2008
Columbus OH 43216 Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ Type	Amount of Each Disbursement this Perio
Contribution 011 Candidate Name Category/ Type	
Type	150.00
Office Sought: House Disbursement For: 2008 Senate Primary X General President Other (specify) ▼	
Full Name (Last, First, Middle Initial)	Transaction ID: SB29,8874
The Committee to Re-elect Spike Maynard	Date of Disbursement
Mailing Address P O Box 1743	03 ^M /27/Y2008 ^Y
CityStateZip CodeCharlestonWV25326	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign Contribution 011	1000.00
Candidate Name Category/ Type	
Office Sought: House Disbursement For: 2008 Senate Primary X General President Other (specify) ▼	
State: WV District:	
SUBTOTAL of Disbursements This Page (optional)	
FOTAL This Period (last page this line number only)	2650.00

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