

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

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) (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 02 14 2008 through 03 31 2008

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 04 09 2008

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. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Report Covering the Period: From: 

M	M
0	2

D	D
1	4

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		7307.14
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning 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 <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

Report Covering the Period: From: 

M	M
0	2

D	D
1	4

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2320.20	3900.20
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3666.00	8261.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5986.20	12161.20
(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) .....	5986.20	12161.20
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.) .....	4.83	4.83
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)) .....	5991.03	12166.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5991.03	12166.03

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	9.00	13.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9.00	13.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
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.....	5400.00	7700.00
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))..	5409.00	12713.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5409.00	12713.50

**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 .....	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

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">320.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.8670</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 07 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.8744</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) John J. Bishop</p> <p>Mailing Address 1390 Picardae Court</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">480.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 21 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.8816</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>Payroll deduction of \$80 per pay</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">240.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 7542 East Rush Ridge Road	<b>Transaction ID:</b> SA11AI.8740
	City Bloomington State IN Zip Code 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$57.- 60 per pay
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 7542 East Rush Ridge Road	<b>Transaction ID:</b> SA11AI.8812
	City Bloomington State IN Zip Code 47401	Amount of Each Receipt this Period 57.60
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction of \$57.- 60 per pay
	Name of Employer Motorists Mutual Insurance Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David W. Lemon	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 345 Southshore Drive	<b>Transaction ID:</b> SA11AI.8726
	City Greenback State TN Zip Code 37742	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer American Hardware Mutual Ins. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>615.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED 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  
 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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** SA11AI.8741

Amount of Each Receipt this Period  
45.00

Payroll deduction of \$45 per pay

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. McCracken

Mailing Address 2135 Hunters Ridge Court

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Occupation  
Motorists Mutual Ins. Co. Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2008

**Transaction ID:** SA11AI.8813

Amount of Each Receipt this Period  
45.00

Payroll deduction of \$45 per pay

**C.** Full Name (Last, First, Middle Initial)  
Thomas C. Ogg

Mailing Address 10167 Chelton Wood

City State Zip Code  
Powell OH 43065

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

Name of Employer Occupation  
Motorists Mutual Insurance Company Secretary

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** SA11AI.8775

Amount of Each Receipt this Period  
50.00

Payroll deduction of \$50 per pay

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas C. Ogg	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 10167 Chelton Wood	<b>Transaction ID:</b> SA11AI.8848
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$50 per pay
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James J Owen	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 1312 Springbrook Lane	<b>Transaction ID:</b> SA11AI.8725
	City State Zip Code DeWitt IA 52742	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Iowa Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.8668
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	605.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.8742
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 29270 Hampshire Place	<b>Transaction ID:</b> SA11AI.8814
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$55 per pay
	Name of Employer Motorists Mutual Ins. Co. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Burtis G. Taylor	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 4322 North Course Lane	<b>Transaction ID:</b> SA11AI.8651
	City State Zip Code Avon Park FL 33825	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer American Hardware Mutual Ins. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	610.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James E. Vermillion	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 919 Byron Avenue	<b>Transaction ID:</b> SA11AI.8861
	City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay
	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 ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. Western	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 5203 South 8th Street	<b>Transaction ID:</b> SA11AI.8811
	City State Zip Code Sheboygan WI 53081	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$40 per pay
	Name of Employer Wilson Mutual Ins. Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael L. Wiseman	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 90 Timberknoll Loop	<b>Transaction ID:</b> SA11AI.8866
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll deduction of \$35 per pay
	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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2320.20

**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

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

A.	Full Name (Last, First, Middle Initial) Citizens for Hottinger	Transaction ID: SB29.8653 Date of Disbursement
	Mailing Address 386 Sabrecutt Drive	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Newark State OH Zip Code 43055	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 71	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Committee for Joseph W. Testa	Transaction ID: SB29.8645 Date of Disbursement
	Mailing Address 1892 Birkdale Drive	<input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbus State OH Zip Code 43232	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Committee to Elect Keenan	Transaction ID: SB29.8728 Date of Disbursement
	Mailing Address 865 Macon Alley	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbus State OH Zip Code 43206	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

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

A.	Full Name (Last, First, Middle Initial) Friends of Faber	Transaction ID: SB29.8647 Date of Disbursement
	Mailing Address 7706 State Route 703	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Celina State OH Zip Code 45822	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Friends of Faber	Transaction ID: SB29.8727 Date of Disbursement
	Mailing Address 7706 State Route 703	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Celina State OH Zip Code 45822	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) LIFEPAC	Transaction ID: SB29.8873 Date of Disbursement
	Mailing Address 100 South Third Street	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution Candidate Name	<input type="text" value="750.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

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

**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)

<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

A.	Full Name (Last, First, Middle Initial) OIIPAC	Transaction ID: SB29.8649 Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 172 East State Street P. O. Box 816	Amount of Each Disbursement this Period 1500.00
	City Columbus State OH Zip Code 43216	
	Purpose of Disbursement Annual contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OIIPAC	Transaction ID: SB29.8650 Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 172 East State Street P. O. Box 816	Amount of Each Disbursement this Period 150.00
	City Columbus State OH Zip Code 43216	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Committee to Re-elect Spike Maynard	Transaction ID: SB29.8874 Date of Disbursement MM / DD / YYYY 03 / 27 / 2008
	Mailing Address P O Box 1743	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25326	
	Purpose of Disbursement Campaign Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5400.00