

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

01/29/2001 13 : 21

<b>1. NAME OF COMMITTEE (in full)</b> MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 471 E BROAD ST	<b>2. FEC IDENTIFICATION NUMBER</b> C00336834
<b>CITY, STATE, and ZIP CODE</b> COLUMBUS                      OH    43215	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report                       Twelfth day report preceding \_\_\_\_\_  
(election type)
- July 31 Mid-Year Report (Non-election Year Only)                      election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Termination report                      on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment       YES       NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		7356.91
(b) Cash on Hand at Beginning of Reporting Period .....	1914.70	
(c) Total Receipts (from line 19) .....	1209.49	18573.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3124.19	23930.26
7. Total Disbursements (from line 30) .....	254.50	21060.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2869.69	2889.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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 <b>Electronically Filed by Michael Wiseman</b>	
Signature of Treasurer	Date 01/29/2001

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)		REPORT COVERING PERIOD FROM 11/28/2000 TO: 12/31/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	1074.00	11319.00	11.a.i.
ii. Unitemized .....	128.00	4181.00	11.a.ii.
iii. Total .....	1202.00	15510.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	1202.00	15510.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	1000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.49	63.35	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	1209.49	16573.35	19.
20. Total Federal Receipts .....	1209.49	16573.35	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	4.50	59.00	21.b.
c. Total Operating Expenditures .....	4.50	59.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	1500.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	250.00	19501.57	29.
30. Total Disbursements .....	254.50	21080.57	30.
31. Total Federal Disbursements .....	254.50	21080.57	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	1202.00	15510.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	1202.00	15510.00	34.
35. Total Federal Operating Expenditures .....	4.50	59.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	4.50	59.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 6</b>
			<b>FOR LINE NUMBER 11A1</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> John Bishop  1380 Plcardae Court  Powell OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$50 Bi-weekly	Amount of Each Receipt this Period 100.00
	Occupation President and COO	Aggregate Year-to-Date > \$ 1280.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Blewit  1642 Essex Road  Upper Arlington OH 43221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 50.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 646.00	
<b>Full Name, Mailing Address, and ZIP Code</b> John Coffman  7042 Tralee Drive  Dublin OH 43017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$15 Bi-weekly	Amount of Each Receipt this Period 30.00
	Occupation Manager	Aggregate Year-to-Date > \$ 390.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Crawford  8523 Cook Road  Powell OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$20 Bi-weekly	Amount of Each Receipt this Period 40.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 481.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Craig Eberwine  1428 Sedgefield Dr.  New Albany OH 43054 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 50.00
	Occupation Vice President	Aggregate Year-to-Date > \$ 620.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Gaskill  1425 Briar Meadow Dr.  Worthington OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$8 Bi-weekly	Amount of Each Receipt this Period 16.00
	Occupation Manager	Aggregate Year-to-Date > \$ 208.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Peter Hitchcock  1408 Snowmass Road  Columbus OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$8 Bi-weekly	Amount of Each Receipt this Period 16.00
	Occupation Corporate Actuary	Aggregate Year-to-Date > \$ 208.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 6</b>
			FOR LINE NUMBER <b>11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Wallace Hysel  5030 Coventry Hurst Lane  Hilliard OH 43026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$15 Bi-weekly	Amount of Each Receipt this Period 30.00
	Occupation Manager Aggregate Year-to-Date > \$ 370.00		
<b>Full Name, Mailing Address, and ZIP Code</b> David Kaufman  7925 Greendale Lane  Worthington OH 43085 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 50.00
	Occupation Sr. Vice President, CIO Aggregate Year-to-Date > \$ 620.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Orville Lyons, II  1165 Starbuck Ct.  Westerville OH 43081 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 50.00
	Occupation Vice President Aggregate Year-to-Date > \$ 624.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Ogg  10167 Chelton Wood  Powell OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$40 Bi-weekly	Amount of Each Receipt this Period 80.00
	Occupation Secretary Aggregate Year-to-Date > \$ 1024.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Rabold  466 Delegate Drive  Columbus OH 43235 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$60 Bi-weekly	Amount of Each Receipt this Period 120.00
	Occupation Chairman & CEO Aggregate Year-to-Date > \$ 1560.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Randolph Rudawicz  1028 Loch Ness Avenue  Worthington OH 43085 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$11 Bi-weekly	Amount of Each Receipt this Period 22.00
	Occupation Manager Aggregate Year-to-Date > \$ 286.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Karen Schwarz  1252 Pond Hollow Lane  New Albany OH 43054 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Motorists Mutual Insurance Company	Date (month, day, year) 12/31/2000 Payroll Deduction \$25 Bi-weekly	Amount of Each Receipt this Period 50.00
	Occupation Vice President Aggregate Year-to-Date > \$ 590.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

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					FOR LINE NUMBER 11A1
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<b>NAME OF COMMITTEE (In Full)</b> <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Stapleton  12738 Wheaton Avenue  Pickerington OH 43147		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 630.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Duane Swartz  1505 Clubview Blvd., S.  Columbus OH 43235		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Senior Vice President		Payroll Deduction \$30 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 780.00			
<b>Full Name, Mailing Address, and ZIP Code</b> James Vermilion  918 Byron Avenue  Columbus OH 43227		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$30 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 765.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Walton  3249 Scioto Run Blvd.  Hilliard OH 43026		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 630.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Peter Weisenberger  7105 Lakebrook Blvd.  Columbus OH 43235		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Vice President		Payroll Deduction \$20 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 460.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Wiseman  355 Bear Woods Drive  Powell OH 43065		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Treasurer		Payroll Deduction \$25 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 770.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Wiseman  355 Bear Woods Drive  Powell OH 43065		<b>Name of Employer</b> Motorists Mutual Insurance Company		<b>Date (month, day, year)</b> 12/31/2000	<b>Amount of Each Receipt this Period</b> 60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Treasurer		Payroll Deduction \$30 Bi-weekly	
		<b>Aggregate Year-to-Date</b> > \$ 830.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>1074.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 6</b>
			FOR LINE NUMBER <b>28</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Friends for Faber  609 Royal Lane  Celina OH 45822	<b>Purpose of Disbursement</b> Political Contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 12/05/2000	<b>Amount of Each Disbursement This Period</b> 250.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>250.00</b>