

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 INSURANCE CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST
 Check if different than previously reported. (ACC)
COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** C00336834
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael L. Wiseman
Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 01 15 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		10444.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	5441.83									
(c) Total Receipts (from Line 19)	2780.97	24594.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8222.80	35039.14								
7. Total Disbursements (from Line 31)	1098.40	27914.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7124.40	7124.40								
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**

Write or Type Committee Name
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2637.00	16431.00
(i) Itemized (use Schedule A)	141.00	8015.00
(ii) Unitemized	2778.00	24446.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	2778.00	24446.00
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	132.83
17. Other Federal Receipts (Dividends, Interest, etc.)	2.97	15.94
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))	2780.97	24594.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2780.97	24594.77

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.....	9.00	54.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9.00	54.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	4000.00
24. Independent Expenditure (use Schedule E)	89.40	160.74
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.....	1000.00	23700.00
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))..	1098.40	27914.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1098.40	27914.74

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)	2778.00	24446.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2778.00	24446.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.00	54.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	54.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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 INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Michael J. Agan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5658 Tynecastle Loop		Transaction ID: SA11A1.6484	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. John J. Bishop		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.6485	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation Chairman, President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. Duane L. Cable		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6984 Linbrook Blvd.		Transaction ID: SA11A1.6488	
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
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: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Thomas D. Campana		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6436 Meadow Glen N		Transaction ID: SA11A1.6489	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5760 Whispering Trail		Transaction ID: SA11A1.6490	
City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. John D. Coffman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 7042 Tralee Drive		Transaction ID: SA11A1.6491	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 51.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00		

SUBTOTAL of Receipts This Page (optional) ▶	171.00
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: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

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

Name of Employer Motorists Mutual Ins. Company Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6493

Amount of Each Receipt this Period
45.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

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

Name of Employer Motorists Mutual Insurance Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6494

Amount of Each Receipt this Period
75.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Mrs. Rose DePontes

Mailing Address 53 Nottingham Road

City Columbus State OH Zip Code 43214

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

Name of Employer Motorists Mutual Ins. Co. Occupation Assist. V. P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6498

Amount of Each Receipt this Period
45.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	165.00
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: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6499

Amount of Each Receipt this Period
45.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Michael D. Finch

Mailing Address 8857 Chateau Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer Motorists Mutual Ins. Company
Occupation Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6500

Amount of Each Receipt this Period
45.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Charles R. Gaskill

Mailing Address 1425 Briarmeadow Dr.

City Worthington State OH Zip Code 43235

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

Name of Employer Motorists Mutual Ins. Company
Occupation V. P., Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6501

Amount of Each Receipt this Period
30.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	120.00
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: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Shaun D. Gregoire		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 396 Shelby Avenue, East		Transaction ID: SA11A1.6502
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Marc S. Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 5999 Lane Road		Transaction ID: SA11A1.6503
City Centerburg	State OH	Zip Code 43011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Paul T. Hammer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 813 East College Avenue		Transaction ID: SA11A1.6504
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	135.00
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: (check only one)	PAGE 11 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Peter A. Hitchcock		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1409 Snowmass Road		Transaction ID: SA11A1.6505	
City Columbus	State OH	Amount of Each Receipt this Period 45.00	
Zip Code 43235		Payroll deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. Jeffrey O. Hoover		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4556 Dirham Court		Transaction ID: SA11A1.6506	
City Hilliard	State OH	Amount of Each Receipt this Period 45.00	
Zip Code 43026		Payroll deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) C. Wallace S. Hysell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2007 Twin Flower Circle		Transaction ID: SA11A1.6507	
City Grove City	State OH	Amount of Each Receipt this Period 45.00	
Zip Code 43123		Payroll deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
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: (check only one)	PAGE 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
David L. Kaufman

Mailing Address 7925 Greenside Lane

City State Zip Code
Worthington OH 43235

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Sr. Vice President, CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6509

Amount of Each Receipt this Period
90.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
John C. Kessler

Mailing Address 3910 Caswell Road

City State Zip Code
Johnstown OH 43031

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6510

Amount of Each Receipt this Period
60.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Anne B. King

Mailing Address 6934 Roundwood Ct.

City State Zip Code
Dublin OH 43016

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

Name of Employer
Motorists Mutual Ins. Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6511

Amount of Each Receipt this Period
75.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	225.00
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: (check only one)	PAGE 13 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Teresa M. King		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1139 Tidewater Court		Transaction ID: SA11A1.6512
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Michael Lisi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 6740 Callaway Court		Transaction ID: SA11A1.6515
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Com-pany	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Todd A. Long		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1002 Loch Ness Avenue		Transaction ID: SA11A1.6516
City Worthington	State OH	Zip Code 43285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Motorists Mutual Ins. Com-pany	Occupation Assist. V. P.	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	135.00
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: (check only one)	PAGE 14 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Orville R. Lyons, II

Mailing Address 4848 St. Medan Drive

City State Zip Code
Westerville OH 43082

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

Name of Employer Motorists Mutual Insurance Co. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6517

Amount of Each Receipt this Period
81.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Joseph E. Merkel

Mailing Address 344 Thomas Lane

City State Zip Code
London OH 43140

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

Name of Employer Motorists Mutual Ins Co. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6518

Amount of Each Receipt this Period
30.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Mark J. Nixon

Mailing Address 662 East Fifth Avenue

City State Zip Code
Lancaster OH 43130

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

Name of Employer Motorists Mutual Insurance Company Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6519

Amount of Each Receipt this Period
45.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	156.00
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: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Thomas C. Ogg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10167 Chelton Wood		Transaction ID: SA11A1.6520	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark Peacock		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4460 Swenson Street		Transaction ID: SA11A1.6521	
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) C. Damian Puchala		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 325 Olenview Circle		Transaction ID: SA11A1.6523	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional) ▶	210.00
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: (check only one)	PAGE 16 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Paul J. Richards

Mailing Address 4732 Golf Village Drive

City State Zip Code
Powell OH 43065

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

Name of Employer
Motorists Mutual Ins. Company

Occupation
Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6524

Amount of Each Receipt this Period
45.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Randolph A. Rudowicz

Mailing Address 1026 Loch Ness Avenue

City State Zip Code
Worthington OH 43085

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

Name of Employer
Motorists Mutual Ins. Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6525

Amount of Each Receipt this Period
75.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

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

Name of Employer
Motorists Mutual Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6526

Amount of Each Receipt this Period
75.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	195.00
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: (check only one)	PAGE 17 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Ralph W. Smithers, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 6418 Summers Nook Drive		Transaction ID: SA11A1.6527
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Charles D. Stapleton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 6900 Kindler Drive		Transaction ID: SA11A1.6528
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Tamera A. Stephens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.6529
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	195.00
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: (check only one)	PAGE 18 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) A. Mr. Craig Thompson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.6530	
City Lewis Center	State OH	Zip Code 43035	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.6531	
City Columbus	State OH	Zip Code 43227	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 910.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Richard J. Walton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3249 Scioto Run Blvd.		Transaction ID: SA11A1.6532	
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	255.00
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: (check only one)	PAGE 19 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Peter A. Weisenberger

Mailing Address 7105 Lakebrook Blvd.

City State Zip Code
Columbus OH 43235

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6533

Amount of Each Receipt this Period
60.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Charles A. Wickert

Mailing Address 5519 Medallion Drive W.

City State Zip Code
Westerville OH 43082

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

Name of Employer: Motorists Mutual Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6534

Amount of Each Receipt this Period
90.00

Payroll deduction

C. Full Name (Last, First, Middle Initial)
Charles A. Williams

Mailing Address 14924 S. R. 35, E.

City State Zip Code
Sunbury OH 43074

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

Name of Employer: Motorists Mutual Ins. Company
Occupation: Assist. V. P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2006

Transaction ID: SA11A1.6535

Amount of Each Receipt this Period
45.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	195.00
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 20 / 22	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

A. Full Name (Last, First, Middle Initial)
Michael L. Wiseman

Mailing Address 90 Timberknoll Loop

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Motorists Mutual Insurance Company Treasurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **910.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: SA11A1.6536

Amount of Each Receipt this Period

105.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	2637.00

**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 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial)

A. Ohio Republican Party Supreme Court Judicial Fund

Mailing Address 211 South Fifth Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Campaign Contribution

Candidate Name
Cupp for Supreme Court

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB29.6483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUND		FEC IDENTIFICATION NUMBER C <input style="width:80%;" type="text"/>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee UNITEMIZED Independent Expenditures		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input style="width:80%;" type="text"/> .00
City	State	Zip Code
Purpose of Expenditure	Category/ Type	<input style="width:50%;" type="text"/>
Name of Federal Candidate supported or Opposed by expenditure:		Transaction ID:
Calendar Year-To-Date Per Election for Office Sought <input style="width:80%;" type="text"/>		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:80%;" type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:80%;" type="text"/> 89.40
(c) TOTAL Independent Expenditures	<input style="width:80%;" type="text"/> 89.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date <input type="text"/> / <input type="text"/> / <input type="text"/>