

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

ADDRESS (number and street)

471 E BROAD ST

Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00336834

3. IS THIS REPORT

X

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X 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 (12S)

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

12

2004

through

03

31

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael L. Wiseman

Signature of Treasurer

Electronically Filed by Michael L. Wiseman

Date

04

12

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: <sup>H</sup>02 <sup>:</sup>12 <sup>Y</sup>2004 To: <sup>H</sup>03 <sup>:</sup>31 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		6083.19
(b) Cash on Hand at Beginning of Reporting Period .....	7331.69	
(c) Total Receipts (from Line 19) .....	3929.26	6632.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11260.95	12715.45
7. Total Disbursements (from Line 31) .....	5159.00	6613.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6101.95	6101.95
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Report Covering the Period: From: <sup>M</sup>02 <sup>D</sup>12 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1300.00	
(ii) Unitemized .....	2624.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3924.00	6627.00
(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) .....	3924.00	6627.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.26	5.26
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)) .....	3929.26	6632.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3929.26	6632.26

## DETAILED SUMMARY PAGE

of Disbursements

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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	0.00
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.....	5150.00	6600.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5159.00	6613.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5159.00	6613.50

**DETAILED SUMMARY PAGE**

of Disbursements

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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) .....	3924.00	6627.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3924.00	6627.00
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. John J. Bishop</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004	
Mailing Address 1390 Picardae Court		Transaction ID: SA11A1.5392	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$50 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Chairman, President and CEO Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) <b>B. Mr. Robert E. Downes</b>		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2004	
Mailing Address 212 Ballman Road		Transaction ID: SA11A1.5390	
City Reynoldsburg	State OH	Zip Code 43068	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Cash Contribution	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>C. David L. Kaufman</b>		Date of Receipt M / D / Y Y Y Y 03 / 31 / 2004	
Mailing Address 7925 Greenside Lane		Transaction ID: SA11A1.5411	
City Worthington	State OH	Zip Code 43235	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$30 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Sr. Vice President, CID Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) .....	<b>620.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Thomas C. Ogg</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 10187 Chelton Wood		Transaction ID: SA11A1.5421
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00
Name of Employer Motorists Mutual Insurance Company	Occupation Secretary	Payroll Deduction \$40 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Duane Swartz</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1505 Clubview Blvd., S.		Transaction ID: SA11A1.5428
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Payroll Deduction \$30 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. James E. Vermillion</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 919 Byron Avenue		Transaction ID: SA11A1.5430
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll Deduction \$35 biw- eekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>420.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Charles A. Wickert</b>		Date of Receipt M / D / Y 03 / 31 / 2004	
Mailing Address 551 B Medallion Drive W.		Transaction ID: SA11A1.5433	
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$30 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) <b>B. Michael L. Wiseman</b>		Date of Receipt M / D / Y 03 / 31 / 2004	
Mailing Address 90 Timberknoll Loop		Transaction ID: SA11A1.5435	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$35 biw- eekly	
Name of Employer Motorists Mutual Insurance Company Receipt For: Primary      General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	280.00
TOTAL This Period (last page this line number only) .....	▶	1300.00



**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)

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<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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Sandra Stabile Harwood</b>		Transaction ID: SB29.5443 Date of Disbursement 02 / 24 / 2004	
Mailing Address 2671 Oak Forest		Amount of Each Disbursement this Period 200.00	
City Niles State OH Zip Code 44446	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary   X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Friends of Tom Raga</b>		Transaction ID: SB29.5444 Date of Disbursement 03 / 30 / 2004	
Mailing Address 7700 Brookfarm Court		Amount of Each Disbursement this Period 150.00	
City Mason State OH Zip Code 45040	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary   X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Husted for State Representative</b>		Transaction ID: SB29.5438 Date of Disbursement 02 / 24 / 2004	
Mailing Address 148 Sherbrooke Drive		Amount of Each Disbursement this Period 1000.00	
City Kettering State OH Zip Code 45429	Purpose of Disbursement State Political Contribution	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary   X General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial)  
A. Ohioans for Justice O'Donnell

Mailing Address 10 West Broad Street, Suite 900

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
State Political Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: SB29.5439  
Date of Disbursement  
02 / 25 / 2004

Amount of Each Disbursement this Period  
3800.00

Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	3800.00
TOTAL This Period (last page this line number only) .....	▶	5150.00