



471 East Broad Street, Columbus, OH 43215-3881

FEDERAL ELECTIONS
COMMISSION

Oct 14 11 41 AM '98

October 8, 1998

Federal Elections Commission
999 E Street NW
Washington, DC 20463

Re: October 15 Quarterly Report
Motorists Mutual Insurance Company Civic Fund
FEC ID# C 00336834

Enclosed please find the October 15 Quarterly Report for the Motorists Mutual Insurance Company Civic Fund (ID# C 00336834). We would like to call your attention to the Transfer From Affiliated Committee on Line 12 of the Detailed Summary Page, and itemized on Schedule A for Line 12. Both the \$191.90 transferred on July 14 and the entire \$19,051.76 transferred this year were received from the Motorists Insurance Civic Fund, an affiliated Ohio state/local PAC which has now been terminated.

All funds transferred were solicited for, contributed and received in compliance with FEC regulations, even though the Motorists Insurance Civic Fund was a state/local PAC. Specifically, solicitations and contributions were limited to corporate executives and administrative personnel and all contributions were within FEC limits.

Please contact Tim Davison at 614-225-8360 if you need additional information.

Motorists Mutual Insurance Company Civic Fund

Michael L. Wiseman

Michael L. Wiseman
Treasurer

Enclosure

cc: John Bishop
Chuck Gaskill

tad

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 14 11 41 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

081298
C00336834
MICHAEL L WISEMAN
MOTORISTS MUTUAL INSURANCE COM
PANY CIVIC FUND (MOTORISTS INS
471 E BROAD ST
COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER
C00336834

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7-1-1998 through 9-30-1998		
6. (a) Cash on Hand January 1, 1998			\$ 0
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,219.21	
(c) Total Receipts (from Line 19)		\$ 2,662.79	\$ 22,886.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 22,882.00	\$ 22,886.50
7. Total Disbursements (from Line 30)		\$ 16,038.50	\$ 16,043.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 6,843.50	\$ 6,843.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
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		Date	
Signature of Treasurer x Michael L. Wiseman		x 10/8/98	

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

FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM SX**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
000336834		FROM 7-1-1998	TO: 9-30-1998	
Motorists Mutual Insurance Company Civic Fund				
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,146.00	1,146.00	11(a)
ii.	Unitemized	1,282.00	2,623.00	11(a)
iii.	Total (add i and ii) >	2,428.00	3,769.00	11(a)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a iii, b and c) >	2,428.00	3,769.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	191.90	19,051.76	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	42.89	65.74	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,662.79	22,886.50	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,662.79	22,886.50	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)
i.	Federal Share	0	0	21(a)
ii.	Non-Federal Share	38.50	43.00	21(b)
b.	Other Federal Operating Expenditures	38.50	43.00	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	38.50	43.00	22
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements	11,000.00	11,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,038.50	16,043.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,038.50	16,043.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	2,428.00	3,769.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2,428.00	3,769.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	38.50	43.00	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	38.50	43.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11.a

Contributions from Individuals

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) C00336834

Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. Bishop 558 Old Coach Rd. Westerville, Ohio 43081	Motorists Mutual Ins. Company	Payroll Deduction	\$192 (\$32 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary	Aggregate Year-to-Date > \$ 256	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C. Ogg 313 Meditation Lane Columbus, OH 43235	Motorists Mutual Ins. Co.	Payroll Deduction	\$180 (\$30 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP	Aggregate Year-to-Date > \$ 240	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert E.H. Rabold 466 Delegate Drive Columbus, OH 43235	Motorists Mutual Ins. Company	Payroll Deduction	\$300 (\$50 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 400	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Duane E. Swartz 1505 Clubview Blvd. S. Columbus, OH 43235	Motorists Mutual Ins. Company	Payroll Deduction	\$156 (\$26 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP	Aggregate Year-to-Date > \$ 208	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James E. Vermillion 919 Byron Avenue Columbus, OH 43227	Motorists Mutual Ins. Company	Payroll Deduction	\$150 (\$25 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael L. Wiseman 931 Vauxhill Lane Powell, OH 43065	Motorists Mutual Ins. Company	Payroll Deduction	\$168 (\$28 biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Treasurer	Aggregate Year-to-Date > \$ 224	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	

SUBTOTAL of Receipts This Page (optional) \$1146.00

TOTAL This Period (last page this line number only) \$2428.00

SCHEDULE A

ITEMIZED RECEIPTS

Transfers From Affiliated Committees

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

PAGE / OF /
FOR LINE NUMBER
12

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)

000336834

Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Motorists Insurance Civic Fund 471 E. Broad St. Columbus, OH 43215	Occupation	7-14-1998	\$191.90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 19,051.76		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$191.90

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
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Other Federal Receipts

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NAME OF COMMITTEE (In Full) C00336834

Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code None itemized	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$42.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE / OF /
FOR LINE NUMBER
21b

Other Federal Operating Expenditures

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) C00336834

Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
None itemized			
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$38.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Other Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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) C00336834

Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio Insurance Institute PAC 172 E. State St. #201 Columbus, OH 43216	Contribution to other political committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/1998	\$2000.00
Ohioans for Fair & Independent Judges 172 E. State St. #300 Columbus, OH 43215	Contribution to other political committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/1998	\$2500.00
Republican Senate Campaign Comm. 57 E. Gay Street Columbus, OH 43215	Contribution to other political committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/1998	\$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$5000.00

TOTAL This Period (last page this line number only)

\$5000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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NAME OF COMMITTEE (In Full) C00336834
 Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Suster for Justice Committee 1145 Baumock Burn Dr. Columbus, OH 43235	Ron Suster, Justice of Ohio Supreme Court Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/1998	\$2500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Dennis Stapleton 251 E. Court Street Washington OH, OH 43160	Dennis Stapleton, Ohio House 88th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/1998	\$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Davidson for State Representative Comm. 865 Macon Alley Columbus, OH 43206	JoAnn Davidson, Ohio House 24th Dis. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/1998	\$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Taft-O'Connor '98 16 E. Broad St. #1214 Columbus, OH 43215	Bob Taft, Ohio Governor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/1998	\$1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tiberi 865 Macon Alley Columbus, OH 43206	Patrick Tiberi, Ohio House 26th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/1998	\$100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Buchy for State Representative 758 Gardenwood Greenville, OH 45331	Jim Buchy, Ohio House, 84th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/17/1998	\$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Chief Justice Tom Moyer 75 E. Gay Street Columbus, OH 43215	Tom Moyer, Ohio Supreme Court Chief Justice Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/1998	\$5000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Cupp for Senate Committee 2021 Allentown Rd #3 Lima, Ohio 45805	Robert Cupp, Ohio Senate 12th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/1998	\$100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Non-Federal</i>	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Retain Judge Betts 100 Beechmont Drive Findlay, OH 45840	Stephen Betts, Common Pleas Court Judge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$10,050.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 29

Other Disbursements

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) C00336B34
Motorists Mutual Insurance Company Civic Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for James Mason 817 Pleasant Ridge Columbus, OH 43203	James Mason, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kimbler for Judge Campaign 205 Mackinaw Ave. Akron, OH 44333	Joyce Kimbler, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Knepper for Judge Committee 330 Louisiana Ave. Perrysburg, OH 43551	Richard Knepper, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Winkler for Judge Committee 3451 Central Parkway, #101 Cincinnati, OH 45223	Ralph Winkler, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitmore for Judge Committee 2776 Brookfield Dr. Norton, OH 44203	Beth Whitmore, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anderson for Appeals Court 1474 Doone Rd. Columbus, OH 43221	Sandra Anderson, Appeals Court Judge <i>Non-Federal</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Batchelder for Judge 105 W. Liberty Medina, Ohio 44256	William Batchelder, Comm Pleas Court Judge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/1/1998	\$100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bruce Johnson 100 S. Third St. Columbus, OH 43215	Bruce Johnson, Ohio Senata 3rd District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/1998	\$250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$950.00
TOTAL This Period (last page this line number only)	\$11,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>10-08-98</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>KOT</i> PREPARER	<i>10-11-98</i> DATE PREPARED