04/14/2006 11:40

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## **FEC** FORM 3X

Only

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND) 471 E BROAD ST ADDRESS (number and street) Check if different than previously **COLUMBUS** ОН 43215 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00336834 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Χ (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 05 02 2006 OH Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2006 04 12 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Michael L. Wiseman Type or Print Name of Treasurer Electronically Filed by Michael L. Wiseman 04 13 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (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) D D 0 1 0 1 2006 0.4 12 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 10444.37 <sup>°</sup>2006 January 1 (b) Cash on Hand at 10444.37 Begining of Reporting Period ..... 6522.51 6522.51 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 16966.88 16966.88 6(a) and 6(c) for Column B) ..... 12538.50 12538.50 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 4428.38 4428.38 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

(subtract Line 18(c) from Line 19) .....

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

0 1 м N 0 1 м м 0 4 <sup>D</sup> 1 2 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1540.00 1540.00 (i) Itemized (use Schedule A) .......... 4977.00 4977.00 (ii) Unitemized ..... (iii) TOTAL (add 6517.00 6517.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 6517.00 6517.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 5.51 5.51 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 6522.51 6522.51 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 6522.51 6522.51

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS COLUMN A COLUMN B

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	13.50	13.50
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	13.50	13.50
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	3250.00	3250.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(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	0.00	0.00
	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	9275.00	9275.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12538.50	12538.50
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	10500 50	10500 50
	from Line 31)	12538.50	12538.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	6517.00	6517.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6517.00	6517.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13.50	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)	13.50	13.50

# S

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 12						
•			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
			Detailed Summary Fage	13 14 15 16 17						
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
$\setminus$	NAME OF COMMITTEE (In Full)									
	MOTORISTS MUTUAL INSURANCE C	OMPANY (	CIVIC FUND (MOTORISTS I	NSURANCE CIVIC FUND)						
Α.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt						
	Mailing Address 1390 Picardae Court			04 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.6148						
	Powell	OH	43065	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		350.00						
	Name of Employer Motorists Mutual Insurance Co.		n, President and CEO	Payroll deduction of \$50 per pay						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00							
В.	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt						
	Mailing Address 7925 Greenside Lane		0 4 1 2 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.6166						
	Worthington	OH	43235	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		210.00						
	Name of Employer Motorists Mutual Insurance Company Receipt For:		n President, CIO • Year-to-Date ▼	Payroll deduction of \$30 per pay						
	Primary General Other (specify) ▼	riggregate	210.00							
<u> </u>	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt						
	Mailing Address 10167 Chelton Wood			0 4 1 2 2 0 0 6						
	City	State	Zip Code	Transaction ID: SA11A1.6176						
	Powell	OH	43065	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		280.00						
	Name of Employer Motorists Mutual Insurance Company	Occupation Secretary		Payroll deduction of \$40 per pay						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	280.00							
s	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	840.00						

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the	check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions o 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)  A. James E. Vermillion  Mailing Address 919 Byron Avenue		Date of Receipt
City	State Zip Code	0 4 1 2 2 0 0 6 Transaction ID: SA11A1.6188
Columbus	OH 43227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	245.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction of \$35 per pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  245.00	
Full Name (Last, First, Middle Initial)  Charles A. Wickert  Mailing Address 5519 Medallion Drive V	N.	Date of Receipt
01	7: 0.1	04 12 2006
City Westerville	State Zip Code OH 43082	Transaction ID: SA11A1.6191
FEC ID number of contributing federal political committee.	C 43082	Amount of Each Receipt this Period  210.00
Name of Employer Motorists Mutual Insurance Company Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date  210.00	Payroll deduction of \$30 per pay
Full Name (Last, First, Middle Initial)  C. Michael L. Wiseman	<u> </u>	Date of Receipt
Mailing Address 90 Timberknoll Loop		0 4 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11A1.6193
Powell	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll deduction of \$35
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	per pay
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  245.00	
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number		1540.00

# SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 8 / 12 one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	e and address of any political co	orninillee to so	icit contributions ire	ori sucii committee			
MOTORISTS MUTUAL INSURANCE COM	MPANY CIVIC FUND (MOT	ORISTS IN	SURANCE CIVIC	C FUND)			
Full Name (Last, First, Middle Initial)			Transaction ID:				
Mike Gilb for Congress			Date of Disburse				
Mailing Address 747 East Sandusky Stre	et		01 2	0 7 2006			
City Findlay	State Zip Code OH 45840		Amount of Each	Disbursement this Period			
Purpose of Disbursement	10010			250.00			
Campaign Contribution		011					
Candidate Name Mike Gilb for Congress		Category/ Type					
	ement For: 2006 Primary General						
X Senate X President	Other (specify)						
State: OH District: 04							
Full Name (Last, First, Middle Initial)			Transaction ID:				
NAMIC CAP Program			Date of Disburse				
Mailing Address 122 C Street, NW, Suite	540			4 7 2006			
City Washington	State Zip Code DC 20001		Amount of Each	Disbursement this Period			
Purpose of Disbursement		• •		2500.00			
2006 Contribution		011					
Candidate Name		Category/ Type					
ÿ	ement For: 2006						
Senate X President	Primary General Other (specify) ▼						
State: District:	(op-s), <b>V</b>						
Full Name (Last, First, Middle Initial)  PRYCE FOR CONGRESS			Transaction ID: Date of Disburse	00.0.00			
				6 2006°			
Mailing Address 145 E. Rich Street			0 3	5 2006			
City Columbus	State Zip Code OH 43215		Amount of Each	Disbursement this Period			
Purpose of Disbursement	Г	044		500.00			
Campaign Contribution Candidate Name		011 Category/					
		Type					
· -	ement For: 2006						
Senate X President	Primary General Other (specify) ▼						
State: OH District: 15							
SUBTOTAL of Disbursements This Page (optional)				3250.00			
				3250.00			
TOTAL This Period (last page this line number only	١			3230.00			

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE (check only					
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	21b		26			
_			27		30b			
	y Information copied from such Reports and State for commercial purposes, other than using the nar							
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE CO	MPANY CIVIC FUND (MOT	ORISTS INS	SURANCE CIVIC FUND)				
۹.	Full Name (Last, First, Middle Initial) Citizens for Geoffrey C. Smith  Mailing Address 865 Macon Alley			Transaction ID: SB29.6132 Date of Disbursement				
	City Columbus	State Zip Code OH 43206		Amount of Each Disbursement this Period	— ¬			
	Purpose of Disbursement Political Contribution Candidate Name		011 Category/	500.00				
	Citizens for Geoffrey C. Smith  Office Sought: X House Disbur	sement For: 2006  ( Primary General Other (specify)	Type					
3.	State: OH District: 24  Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon			Transaction ID: SB29.6131 Date of Disbursement	_			
	Mailing Address 5325 Ponderosa Drive			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix}$				
	City Columbus	State Zip Code OH 43231		Amount of Each Disbursement this Period	— 7			
	Purpose of Disbursement Political Contribution Candidate Name		011 Category/	500.00	_			
	Citizens for Kevin Bacon		Type					
	X	ement For: 2006  ( Primary General  Other (specify)						
Э.	Full Name (Last, First, Middle Initial) Citizens for Larry Wolpert			Transaction ID: SB29.6145 Date of Disbursement				
	Mailing Address 100 South Third Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 7 \\ 0 & 2 & 7 \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $				
	City Columbus	State Zip Code OH 43215		Amount of Each Disbursement this Period 200.00	_			
	Purpose of Disbursement Campaign Contribution Candidate Name	[	011 Category/	200.00	_			
	Citizens for Larry Wolpert		Туре					
		ement For: 2006  R Primary General  Other (specify)						
S	UBTOTAL of Disbursements This Page (optional		<b>&gt;</b>	1200.00				
T	TOTAL This Period (last page this line number only)							

# SCHEDULE B (FEC Form 3X)

SC	CHEDULE B (FEC Form 3X)	Use senera	ate schedule(s)			NUMBEF	R:	PA	GE 10	12
IT	EMIZED DISBURSEMENTS	for each ca	tegory of the ummary Page		ck only 21b 27	one) 22 28a	23 28b	24 28c	25 X 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name									
$\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM									
۸.	Full Name (Last, First, Middle Initial) Citizens for Stivers					Date of	Disburs	SB29.6 ement	125 2 0 0	e Y
	Mailing Address 2500 Sherwin Road					0 1			200	0
	City Columbus		Zip Code 43221			Amoun	t of Each	Disburse		
	Purpose of Disbursement Political Contribution			011					1000	.00
	Candidate Name Citizens for Stivers			Categor Type	y/					
		ement For: Primary Other (speci	2006 General fy) ▼							
3.	Full Name (Last, First, Middle Initial) Committee for Dewey Stokes						ction ID	: SB29.6	119	
	Mailing Address 750 Willow Bend Lane					0 1 M	/ D	24	Ž 0 Ŏ	6 <sup>Y</sup>
	City Columbus		Zip Code 43204			Amoun	t of Each	Disburse	ment this	Period
	Purpose of Disbursement Compaign Contribution			011		L.			250	.00
	Candidate Name Committee for Dewey Stokes			Categor Type	y/					
		ement For: Primary Other (speci	2006 General fy) ▼							
Э.	Full Name (Last, First, Middle Initial) Cupp for Supreme Court						ction ID	: SB29.6 ement	134	
	Mailing Address 500 South Front St., Suite 700					0 3	/ DC	6	ŽOŎ	6 <sup>Y</sup>
			Zip Code 43215			Amoun	t of Each	Disburse	ment this	Period
	Purpose of Disbursement Campaign Contribution			011					1500	.00
	Candidate Name Cupp for Supreme Court			Categor Type	y/					
	· → I —	ement For: Primary Other (speci	2006 General fy) ▼							
SI	JBTOTAL of Disbursements This Page (optional)				•				2750	.00
	OTAL This Period (last page this line number only)				<u></u>					

# SCHEDULE B (FEC Form 3X)

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 11 / 12 (check only one)						2		
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	<u> </u>	22 28a	23 28b	24		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										S
Or I		and address of any political	COITII	milee id	SOIIC	il Contri	bullons	Irom Suc	II COIIII	Tilllee	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COM	PANY CIVIC FUND (MC	OTOF	RISTS	INSI	JRANO	CE CIV	IC FUN	ID)		
	Full Name (Last, First, Middle Initial)					Transa	action II	<b>D</b> : SB29	.6140	)	
٩.	Judge Alan C. Travis Committee						f Disbur		V . \	/ • /	V
	Mailing Address 656 Macon Alley					0 3		13	. 2	0 0 6	
	•	State Zip Code				Amour	nt of Eac	ch Disbui	rsemer	nt this F	Period
	Columbus Purpose of Disbursement	OH 43206								500.0	00
	Campaign Contribution			011							
	Candidate Name Judge Alan C. Travis Committee			tegory/ ype							
		ment For: 2006									
	Senate X President	Primary General Other (specify) ▼									
	State: OH District:	Canel (epoolity)									
	Full Name (Last, First, Middle Initial)					Transa	action II	<b>D</b> : SB29	.6122		
<b>3</b> .	LIFEPAC						f Disbur				_
	Mailing Address 100 South Third Street					0 1	/ D	30	2	0 0 6	Y
	•	State Zip Code OH 43215				Amour	nt of Eac	ch Disbui	rsemer	nt this F	Period
	Purpose of Disbursement	70210			-					750.0	00
	Political Contribution			)11							
	Candidate Name			tegory/ ype							
		ment For: 2006									
	Senate X President	Primary General Other (specify) ▼									
	State: District:	Takin (openity) •									
_	Full Name (Last, First, Middle Initial)							<b>D</b> : SB29	.6135	;	
<i>,</i> .	Ohioans for Justice O'Donnell							rsement	- V - V	, °	V
	Mailing Address 500 S. Front Street Suite 700					0 3	/ D	06		0 0 6	
		State Zip Code OH 43215				Amour	nt of Eac	ch Disbui	rsemer	nt this F	Period
	Purpose of Disbursement Campaign Contribution			011	1					1500.0	00
	Candidate Name Ohioans for Justice O'Donnell		Ca	tegory/ ype	1						
	Office Sought: House Disburse	ment For: 2006		71							
		Primary General									
	President State: District:	Other (specify) ▼									
	District.										
S	UBTOTAL of Disbursements This Page (optional) .			1	<u> </u>				2	750.0	00
т	OTAL This Period (last page this line number only)			. 1	<b>•</b>						
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S	CHEDULE B (FEC Form 3X)			1 =	ND 1 1811	DAGE 40/40				
ITEMIZED DISBURSEMENTS		Use seperate sch			OR LINE NUMBER: PAGE 12 / 12 heck only one)					
11	EMIZED DISBURSEMENTS	for each category Detailed Summar		È	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b				
	y Information copied from such Reports and State for commercial purposes, other than using the nan									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COI	MPANY CIVIC FU	ND (MOT	ORIS	STS IN	NSURANCE CIVIC FUND)				
Α.	Full Name (Last, First, Middle Initial) OIIPAC					Transaction ID: SB29.6139 Date of Disbursement				
	Mailing Address 172 East State Street P. O. Box 816					0 3 M / 0 6 / Y 2 0 0 6 Y				
	City Columbus	State Zip Co OH 4321				Amount of Each Disbursement this Period				
	Purpose of Disbursement fundraiser/OH House of Reps & OH Senate			01	1.	75.00				
	Candidate Name			Categ Typ						
			006 General							
	State: District:									
В.	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee					Transaction ID: SB29.6142 Date of Disbursement				
	Mailing Address 211 South Fifth Street					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Columbus	State Zip Co OH 4321				Amount of Each Disbursement this Period				
	Purpose of Disbursement Compaign Contribution			01	1	2500.00				
	Candidate Name Republican Senate Campaign Committee			Categ						
	Senate >	i	006 General							
	State: District:									

SUBTOTAL of Disbursements This Page (optional)	•	2575.00
TOTAL This Period (last page this line number only)	<u> </u>	9275.00