

# Motorists Insurance Civic Fund

471 East Broad Street - Columbus, OH 43214-2258-8593

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 30 A 11:13

January 27, 2000

CERTIFIED MAIL

FEDERAL ELECTIONS COMMISSION  
999 E STREET NW  
WASHINGTON DC 20463

Re: Motorists Mutual Insurance Company Civic Fund  
FEG ID# C00336834

Enclosed is the 1999 Year-end Report for our Separate Segregated Fund.

If you have any questions, I can be reached at 614-225-8309.

Motorists Mutual Insurance Insurance Company Civic Fund

*Susan E. Amrine*

Susan E. Amrine  
Custodian of Records

Enclosures

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 30 A 11:13

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00336834 121499 N 281MICHAEL L WISEMAN MOTORISTS MUTUAL INSURANCE COM PANY CIVIC FUND (MOTORISTS INS 471 E BROAD ST COLUMBUS OH 43215		2. FEC IDENTIFICATION NUMBER C00336834
		3. <input type="checkbox"/> 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:	7/1/99 through 12/31/99		
6. (a)	Cash on Hand January 1, 19 99		\$ 9,205.63
(b)	Cash on Hand at Beginning of Reporting Period	\$ 9,248.07	
(c)	Total Receipts (from Line 19)	\$ 5,728.05	\$ 10,799.99
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,976.12	\$ 20,005.62
7.	Total Disbursements (from Line 20)	\$ 7,619.21	\$ 12,648.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,356.91	\$ 7,356.91
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 990 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 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 1/26/00
Signature of Treasurer <i>Michael L. Wiseman</i>	

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE **CO0336834 Motorists Mutual Insurance  
Company Civic Fund (Motorists Mutual Civic Fund)**

REPORT COVERING PERIOD  
FROM **7-1-1999** TO **12-31-1999**

	REPORT COVERING PERIOD		
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 4,211.00	\$ 7,240.00	11(a)(i)
ii. Unitemized	1,455.00	3,436.00	11(a)(ii)
iii. Total (add i and ii)	5,666.00	10,676.00	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	0	0	11(d)
d. Total Contributions (add a ii, b and c)	5,666.00	10,676.00	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.)	62.05	123.99	18
18. Transfers from Nonfederal Account for Joint Activity	0	0	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	5,728.05	10,799.99	20
20. Total Federal Receipts (subtract line 18 from line 19)	5,728.05	10,799.99	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	82.54	112.04	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	82.54	112.04	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	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	6,036.67	7,536.67	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	7,619.21	12,648.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	7,619.21	12,648.71	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	5,666.00	10,676.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,666.00	10,676.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	82.54	112.04	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35)	82.54	112.04	37

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

**ITEMIZED RECEIPTS**

**RULE A**  
Contributions from Individuals

Such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes. The name and address of any political committee to which contributions from such committee.

Receipt For	Name of Employer	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify): A. Full Name, Mailing Address and ZIP Code Alan J. Bishop 558 Old Coach Road Westerville, OH 43081-1313 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Executive Vice President	Payroll Deduction	\$480.00 (\$32 before 9/17/99, after \$40 biweekly)
<input type="checkbox"/> Other (specify): B. Full Name, Mailing Address and ZIP Code Robert L. Blewitt 1642 Essex Road Columbus, OH 43221 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Vice President	Payroll Deduction	\$284.00 (\$20 before 9/17/99, after \$23 biweekly)
<input type="checkbox"/> Other (specify): C. Full Name, Mailing Address and ZIP Code John D. Coffman 7042 Tralee Drive Dublin, OH 43017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Financial Services Mgr.	Payroll Deduction	\$135.00 (\$12 before 9/17/99, after \$15 for 5 pays only biweekly)
<input type="checkbox"/> Other (specify): D. Full Name, Mailing Address and ZIP Code Craig G. Sberwine 1428 Sedgefield Drive New Albany, OH 43054 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Vice President	Payroll Deduction	\$120.00 (\$8 before 9/17/99, after \$10 biweekly)
<input type="checkbox"/> Other (specify): E. Full Name, Mailing Address and ZIP Code John H. Huey 2529 Vi-Lilly Circle Grove City, OH 43123 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Sr. V.P. (now retired)	Payroll Deduction	\$22.00 (2 before 9/17/99, after 2 biweekly)
<input type="checkbox"/> Other (specify): F. Full Name, Mailing Address and ZIP Code David L. Kaufman 7925 Greenside Lane Worthington, OH 43235 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Chief Information Officer	Payroll Deduction	\$170.00 before after biweek
<input type="checkbox"/> Other (specify): G. Full Name, Mailing Address and ZIP Code Orville R. Lyons 1165 Starbuck Court Westerville, OH 43081 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Vice President	Payroll Deduction	\$136.00 before after biweek
<input type="checkbox"/> Other (specify): H. Full Name, Mailing Address and ZIP Code [Name obscured] [Address obscured] <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Motorists Mutual Insurance Company	Vice President	Payroll Deduction	\$1.34 before after biweek

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Individuals**

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

PAGE 2 OF 3  
FORM LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. 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 Insurance Company	Payroll Deduction	\$406.00 (\$30 before 9/17/99, after \$32 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Secretary Aggregate Year-to-Date > \$ 796.00		
Robert E. H. Rabold 466 Delegate Drive Columbus, OH 43235	Motorists Mutual Insurance Company	Payroll Deduction	\$730.00 (\$50 before 9/17/99, after \$60 Biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman, President, CEO Aggregate Year-to-Date > \$ 1,380.00		
Randolph A. Rudowicz 1026 Loch Ness Worthington, OH 43085	Motorists Mutual Insurance Company	Payroll Deduction	\$133.00 (\$9 before 9/17/99, after \$11 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date > \$ 250.00		
Charles D. Stapleton 12738 Wheaton Avenue Pickerington, OH 43147	Motorists Mutual Insurance Company	Payroll Deduction	\$170.00 (\$10 before 9/17/99, after \$15 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 300.00		
Duane Swartz 1505 Clubview Boulevard, S. Columbus, OH 43235	Motorists Mutual Insurance Company	Payroll Deduction	\$370.00 (\$26 before 9/17/99, after \$30 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 708.00		
James E. Vermillion 919 Byron Avenue Columbus, OH 43227	Motorists Mutual Insurance Company	Payroll Deduction	\$325.00 (\$25 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 650.00		
Richard J. Walton 3249 Scioto Run Boulevard Hilliard, OH 43026	Motorists Mutual Insurance Company	Payroll Deduction	\$180.00 (\$12 before 9/17/99, after \$15 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 336.00		

SUBTOTAL of Receipts This Page (optional) ..... \$2,314.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11 (a) (i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full) C00336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles A. Wickert 1229 Smiley Court Westerville, OH 43081	Motorists Mutual Insurance Company	Payroll Deduction	\$170.00 (\$10 before 9/17/99, after \$15 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 744.00		
B. 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 Insurance Company	Payroll Deduction	\$380.00 (\$28 before 9/17/99, after \$30 biweekly)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Treasurer Aggregate Year-to-Date > \$ 744.00		
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):	Occupation: 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):	Occupation: 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):	Occupation: 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):	Occupation: 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):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... \$ 550.00

TOTAL This Period (last page this line number only) ..... \$5,666.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

**OTHER FEDERAL RECEIPTS**

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 (Motorists Insurance Civic Fund)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
None Itemized	Occupation	Aggregate Year-to-Date $\rightarrow$ \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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) .....	\$62.05

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 (b)

**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 (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
None Itemized	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		\$82.54
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

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

\$82.54



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS COMMITTEES**

**CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL**

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) 000336834  
Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NAMIC GAP 122 C Street, NW Suite 540 Washington DC 20001	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code DeWine for U S Senate P O Box 340188 Columbus, OH 43234-0188	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/99	\$ 500.00
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) .....

\$1,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

**OTHER DISBURSEMENTS**

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NAME OF COMMITTEE (in Full) CO0336834

Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ohio House Republican Campaign Comm. 211 South Fifth Street Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Ohio Democratic Caucus Fund 271 East State Street Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/02/99	\$ 100.00
C. Full Name, Mailing Address and ZIP Code Citizens for Larry Wolpert 100 South Third Street Columbus, OH 43215	non-federal candidate Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/26/99	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Citizens for Salerno 865 Macon Alley Columbus, OH 43206	non-federal candidate Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/99	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Republican Senate Campaign Comm. 57 East Gay Street Columbus, OH 43215	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/99	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Faber 207 East Boundary Street Pt. Recovery, OH 45846	non-federal candidate Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/99	\$ 200.00
G. Full Name, Mailing Address and ZIP Code Senesc Services, Inc. 6465 Busch Boulevard Columbus, OH 43229	luncheon for Ed Wade Ohio House Candidate 2nd District Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/99	\$ 236.67 (in-kind)
H. Full Name, Mailing Address and ZIP Code Ohioans for Fair & Independent Judges P O Box 1114 Columbus, OH 43216	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/99	\$2,500.00
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) .....

\$6,036.67

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 1-27-00
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SL</i> PREPARER	1-30-00 DATE PREPARED