FEC FORM 3X	1A	EPORT (ND DISB Other Than J	URSEN	IENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		E FEC MAILING I TYPE OR PRINT		xample:If typing ver the lines	, type			
]
ADDRESS (number and	street)	471 E BROAD ST						
Check if differ than previous reported. (AC	У . (COLUMBUS					43215 -	
2. FEC IDENTIFICAT	TION NUMBER	R ¥ _	CITY 🛋		S	STATE	ZIPCOL	DE 🔺
C00336834			3. IS THIS REPOR		NEW N) OR	AM (A)	ENDED	
X October Quarterly January Quarterly January Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) fid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Ele Report fr (d) 30-Day Post -E Report fr	Election on	3)	12C)	Sep 2	2G) in the State o	Special (30S)
5. Covering Period	07		006	through	09	30	2006	
-	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Michael L. Wiseman							
Signature of Treasurer	Signature of Treasurer Electronically Filed by Michael L. Wiseman Date 10 04 2006							
NOTE : Submission of	alse, erroneou	s, or incomplete in	formation may s	subject the pers	on signing this	s Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 02/200	

Image# 26960422871

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF NECEIF 13 AND DISBUNSEMENTS	Page 2
	rite or Type Committee Name MOTORISTS INSURANCE CIVIC FU	ND	
Re		M M 0 7 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: D D D Y Y Y Y 0 9 3 0 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. ((a) Cash on Hand January 1 ^Y 2006 ^Y ^Y		10444.37
((b) Cash on Hand at Begining of Reporting Period	1933.22	
((c) Total Receipts (from Line 19)	5528.95	17719.80
((d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7462.17	28164.17
7	Total Disbursements (from Line 31)	5538.50	26240.50
F	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1923.67	1923.67
t	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	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

Image	# 26960422872	DETAILED SUMMARY PAGE OF RECEIPTS	
	FEC Form 3X (Rev. 02/2003)	0. 1.202 10	Page 3
V	Vrite or Type Committee Name MOTORISTS INSURANCE CIVIC F	UND	
F	Report Covering the Period: From:	M M D D Y	M M D D Y
	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)	5184.00	9948.00
	(ii) Unitemized	342.00	7626.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	5526.00	17574.00
	(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) 	5526.00	17574.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	132.83
17.	Other Federal Receipts (Dividends, Interest, etc.)	2.95	12.97
18.	Transfers from Non-Federal and Levin Fun	ds	
	(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))	5528.95	17719.80
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	5528.95	17719.80

Image# 26960422873

DETAILED SUMMARY PAGE

II. DISBUR	SEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expen			Calendar Year-to-Date
Activity (fron	eral/Non-Federal n Schedule H4) Share	0.00	0.00
	deral Share	0.00	0.00
(b) Other Feder Expenditure	al Operating s	13.50	40.50
(c) Total Operat		13.50	40.50
2. Transfers to Affili		0.00	0.00
 Contributions to Federal Candidat 	es/Committees	500.00	4000.00
4. Independent Exp		0.00	0.00
 Coordinated Expension Committees (2 U 	enditures Made by Party .S.C. 441a(d))	0.00	0.00
	s Made	0.00	0.00
 Loans Made Refunds of Contr (a) Individuals/F 		0.00	0.00
Than Politica	al Committees	0.00	0.00
	y Committees	0.00	0.00
,	Cs)	0.00	0.00
()	8(a), (b), and (c))	0.00	0.00
9. Other Disbursem	ents	5025.00	22200.00
	Activity (2 U.S.C 431(20)) and Election Activity		
,	hare	0.00	0.00
(ii) "Levin" S	share	0.00	0.00
()	tion Activity Paid Entirely Funds	0.00	0.00
	I Election Activity (add (i), 30(a)(ii) and 30(b))	0.00	0.00
	ents (add Lines 21(c), 22, 7, 28(d), 29 and 30(c))	5538.50	26240.50
2. Total Federal Di	sbursements		
(subtract Line 21	(a)(ii) from Line 30(a)(ii)	5538.50	26240.50

Image# 26960422874

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	5526.00	17574.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5526.00	17574.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13.50	40.50
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	40.50

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 24 (check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	v not be sold or used by any perso dress of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUN	D				
Α.	Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Typecastle Loop			Date of Receipt		
	Mailing Address 5658 Tynecastle Loop			09 30 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6305		
	Dublin	OH	43016	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			90.00 Payroll deduction		
	Name of Employer Motorists Mutual Ins. Co.	Occupation	ı			
	Receipt For:	Manager Aggregate	e Year-to-Date ▼	-		
	Primary General	33 - 3		1		
	Other (specify) 🔻	0 0	285.00			
В.	Full Name (Last, First, Middle Initial) John J. Bishop			Date of Receipt		
2.	Mailing Address 1390 Picardae Court			M M / D D / Y Y Y Y 09 / 30 / 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6306		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00 Payroll deduction		
	Name of Employer Motorists Mutual Insurance	Occupation		rayion deduction		
	Co. Receipt For:	1	n, President and CEO e Year-to-Date ▼	-		
	Primary General Other (specify) ▼		950.00]		
с.	Full Name (Last, First, Middle Initial) Duane L. Cable			Date of Receipt		
	Mailing Address 6984 Linbrook Blvd.			M M / D D / Y Y Y Y 09 30 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6307		
	Columbus	OH	43235	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.00		
	Name of Employer Motorists Mutual Insurance	Occupation Manager	ı	Payroll deduction		
	Company		e Year-to-Date ▼	_		
				1		
	Other (specify) v	0 0	285.00			
s	UBTOTAL of Receipts This Page (optional)			480.00		
т	OTAL This Period (last page this line number o	nly)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7 / 24 (check only one)		
11			Detailed Summary Page	X 11a 11b 11c 12		
٨٢	y information copied from such Reports and Sta	itamante mai	unot be sold or used by any porce	13 14 15 16 17		
	for commercial purposes, other than using the n					
\sum	NAME OF COMMITTEE (In Full)					
\geq	MOTORISTS INSURANCE CIVIC FUNI	C				
Α.	Full Name (Last, First, Middle Initial) Thomas D. Campana			Date of Receipt		
	Mailing Address 6436 Meadow Glen N			M M / D D / Y Y Y Y 09 30 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6308		
	Westerville	ОН	43082	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.00		
	Name of Employer	Occupation	n	Payroll deduction		
	Motorists Mutual Insurance Company	Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Primary General Other (specify) ▼		285.00]		
в.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell			Date of Receipt		
	Mailing Address 5760 Whispering Trail			M M / D D / Y Y Y Y 09 30 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6309		
	Galena	OH	43021	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Motorists Mutual Ins. Co.	Occupation		 Payroll deduction 		
	Receipt For:		e Year-to-Date V			
	Primary General Other (specify) ▼		475.00]		
<u> </u>	Full Name (Last, First, Middle Initial) John D. Coffman			Date of Receipt		
	Mailing Address 7042 Tralee Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	09 30 2006 Transaction ID: SA11A1.6310		
	Dublin	OH	43017	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		102.00		
	Name of Employer Motorists Mutual Insurance	Occupation Manager		Payroll deduction		
	Company Receipt For: Primary General		e Year-to-Date ▼			
				1		
	Other (specify)	0 0	323.00			
s	UBTOTAL of Receipts This Page (optional)		······	342.00		
\vdash	OTAL This Period (last page this line number or					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 8 / 24 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full)	_				
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUNE)				
A.	Full Name (Last, First, Middle Initial) Kathleen M. Cooper			Date of Receipt		
	Mailing Address 10544 Smoke Road, SW	/		09 / 30 / Y Y Y Y 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6311		
	Pataskala	OH	43062	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.00		
	Name of Employer	Occupation	1	Payroll deduction		
	Motorists Mutuál Insurance Company	Manager				
	Receipt For:	Aggregate	Year-to-Date V	_		
	Primary General Other (specify) ▼	0 0	285.00]		
в.	Full Name (Last, First, Middle Initial) Daniel L. Crawford			Date of Receipt		
	Mailing Address 6323 Cook Road	09 / D D / Y Y Y Y 30 / 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6312		
	Powell	OH	43065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction		
	Company	Vice Pres				
	Receipt For:	Aggregate	Year-to-Date V	_		
	Other (specify) ▼	0 0	475.00			
<u></u>	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt		
	Mailing Address 5922 Coventry Lake Driv	/e		09 30 2006		
	City	State	Zip Code	Transaction ID: SA11A1.6314		
	Hilliard	OH	43026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.00		
	Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	1	 Payroll deduction 		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	,		
	Other (specify)		285.00			
s	UBTOTAL of Receipts This Page (optional)			330.00		
T	OTAL This Period (last page this line number or	ıly)				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 24 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\backslash	MOTORISTS INSURANCE CIVIC FUN	D		
Α.	Full Name (Last, First, Middle Initial) Michael D. Finch			Date of Receipt
	Mailing Address 8857 Chateau Drive			M + M / D + D / Y + Y + Y Y Y + Y + Y Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y + Y + Y + Y + Y +
	City	State	Zip Code	Transaction ID: SA11A1.6315
	Pickerington	ОН	43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Motorists Mutual Insurance	Occupatio Manager		 Payroll deduction
	Company Receipt For:		e Year-to-Date 🔻	_
	Other (specify)		285.00	1
		0 0	0 0 0 0 0 0 0	1
в.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt
	Mailing Address 396 Shelby Avenue, Ea	st		M M / D D / Y Y Y Y 09 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.6317
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Motorists Mutual Insurance	Occupatio	n	Payroll deduction
	Company Receipt For:	Manager	e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify)	0 0	285.00	
с.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt
	Mailing Address 5999 Lane Road			M M / D D / Y Y Y Y Y 0 9 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.6318
	Centerburg	OH	43011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Motorists Mutual Insurance	Occupatio		Payroll deduction
	Company Receipt For:	Manager	e Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	285.00	
s	UBTOTAL of Receipts This Page (optional)		······	270.00
т	OTAL This Period (last page this line number o	nly)		

6	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 10/24				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guininary Page	13 14 15 16 17				
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	fress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)	_						
17	MOTORISTS INSURANCE CIVIC FUNI	2						
	Full Name (Last, First, Middle Initial)							
Α.	Paul T. Hammer			Date of Receipt				
	Mailing Address 813 East College Avenu	e		M M / D D / Y Y Y Y				
				09 30 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6319				
	Westerville	OH	43081	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		90.00				
	federal political committee.							
	Name of Employer	Occupation	1	Payroll deduction				
	Motorists Mutual Insurance Company	Manager						
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		285.00	1				
	Other (specify)	1 1	203.00					
в	Full Name (Last, First, Middle Initial) Peter A. Hitchcock			Date of Receipt				
υ.	Mailing Address 1409 Snowmass Road							
	Maining Address 1409 Showmass Hoad			09 30 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6320				
	Columbus	OH	43235	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		90.00				
	federal political committee.			50.00				
	Name of Employer	Occupation	1	 Payroll deduction 				
	Motorists Mutual Insurance Company	Corporate						
	Receipt For:	· · ·	Year-to-Date V					
	Primary General			1				
	Other (specify)		285.00					
c	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover			Date of Receipt				
0.	Mailing Address 4556 Dirham Court							
				09 30 2006				
	City	State	Zip Code	Transaction ID: SA11A1.6321				
	Hilliard	OH	43026	Amount of Each Receipt this Period				
	FEC ID number of contributing	^		90.00				
	federal political committee.	C		50.00				
	Name of Employer	Occupation	1	Payroll deduction				
	Motorists Mutual Insurance Company	Manager						
	Receipt For:		Year-to-Date 🔻					
	Primary General		005.00	1				
	Other (specify)	0 0	285.00					
				270.00				
s	UBTOTAL of Receipts This Page (optional)							
_		-1.)						
T	OTAL This Period (last page this line number or	nıy)	P					

5	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/24
	· · ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
				Solicit contributions from such committee.
$ \rangle$	NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUNI	n		
	MOTORISTS INSORANCE CIVIC I UNI	D		
<u> </u>	Full Name (Last, First, Middle Initial)			
Α.	Wallace S. Hysell			Date of Receipt
	Mailing Address 2007 Twin Flower Circle	9		09 30 YYYY 02006
	City	State	Zip Code	Transaction ID: SA11A1.6322
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		90.00
				Payroll deduction
	Name of Employer Motorists Mutual Insurance	Occupation Manager	1	
	Co. Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify)		285.00	
-	Full Name (Last, First, Middle Initial)			
в.	David L. Kaufman Mailing Address 7925 Greenside Lane			Date of Receipt
	Mailing Address 7925 Greenside Lane			09 30 Y Y Y Y 09 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.6326
	Worthington	ОН	43235	Amount of Each Receipt this Period
	FEC ID number of contributing			180.00
	federal political committee.			180.00
	Name of Employer	Occupation	1	 Payroll deduction
	Motorists Mutual Insurance Company		President, CIO	
	Receipt For:	1	Year-to-Date V	
	Primary General		570.00	1
	Other (specify)	1 1	570.00	
C.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt
	Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y
				09 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.6327
	Johnstown	OH	43031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
				Dayrall deduction
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction
	Company	Vice Pres		
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)		380.00	
	··· · (··························	1		
s	JBTOTAL of Receipts This Page (optional)			390.00
\vdash	,			-
т	OTAL This Period (last page this line number o	nly)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12/24 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUNI	D		
<u>́А.</u>	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt
	Mailing Address 6934 Roundwood Ct.			M M / D D / Y
	City Dublin	State OH	Zip Code 43016	Transaction ID: SA11A1.6328 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43010	150.00
	Name of Employer	Occupation	n	Payroll deduction
	Motorists Mutual Insurance Company	Manager		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	475.00	
в.	Full Name (Last, First, Middle Initial) Teresa M. King			Date of Receipt
	Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y Y <
	City	State	Zip Code	Transaction ID: SA11A1.6329
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	n	 Payroll deduction
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	285.00]
<u></u>	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 09 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.6331
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00 Payroll deduction
	Name of Employer Motorists Mutual Insurance	Occupation Manager	n	
	Company Receipt For:		e Year-to-Date 🔻	_
	Other (specify) ▼		285.00]
s	UBTOTAL of Receipts This Page (optional)			330.00
т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/24							
			or each category of the	(check only one)							
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers								
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.							
\mathbf{N}	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUN	D									
A.	Full Name (Last, First, Middle Initial) Todd A. Long			Date of Receipt							
	Mailing Address 1002 Loch Ness Avenue	е		M M / D D / Y							
	City	State	Zip Code	Transaction ID: SA11A1.6332							
	Worthington	OH	43285	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		90.00							
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager		Payroll deduction							
	Receipt For:		e Year-to-Date 🔻								
	Primary General Other (specify) ▼	U U U 0 0	285.00								
 B.	Full Name (Last, First, Middle Initial) Orville R. Lyons, II			Date of Receipt							
υ.	Mailing Address 4848 St. Medan Drive			0 9 3 0 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.6336							
	Westerville	OH	43082	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		162.00							
	Name of Employer Motorists Mutual Insurance	Occupatio	n	Payroll deduction							
	Motorists Mutuál Insurance Co.	Vice Pres									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify) ▼	0 0	513.00]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Joseph E. Merkel			Date of Receipt							
	Mailing Address 5725 Ballymead Blvd.			M M / D D / Y Y Y Y 09 30 2006							
	City	State	Zip Code	Transaction ID: SA11A1.6337							
	Dublin	OH	43016	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		90.00							
	Name of Employer Motorists Mutual Insurance	Occupation Manager		Payroll deduction							
	Company Receipt For:		e Year-to-Date 🔻								
	Primary General Other (specify) ▼		285.00	1							
			<u> </u>								
s	UBTOTAL of Receipts This Page (optional)		······	342.00							
Т	OTAL This Period (last page this line number o	only)									

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 24 (check only one)									
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
MOTORISTS INSURANCE CIVIC FUN	U											
Full Name (Last, First, Middle Initial) A. Mark J. Nixon			Date of Receipt									
Mailing Address 662 East Fifth Avenue			M M / D D / Y Y Y Y									
City	State	Zip Code	09 30 2006									
Lancaster	OH	43130	Transaction ID: SA11A1.6338 Amount of Each Receipt this Period									
FEC ID number of contributing	С		90.00									
federal political committee.												
Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction									
Company Receipt For:	Manager Aggregate	e Year-to-Date V										
Primary General		285.00	1									
Other (specify) v			1									
Full Name (Last, First, Middle Initial)			Data of Dagaint									
B. Thomas C. Ogg Mailing Address 10167 Chelton Wood			Date of Receipt									
		7.0.1	09 30 2006									
City Powell	State OH	Zip Code 43065	Transaction ID: SA11A1.6339 Amount of Each Receipt this Period									
FEC ID number of contributing												
federal political committee.	C		240.00									
Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction									
Company Receipt For:	Secretary	y e Year-to-Date ▼	_									
Primary General	Ayyreyale		1									
Other (specify)		760.00	1									
Full Name (Last, First, Middle Initial)												
C. Mr. Mark Peacock Mailing Address 4460 Swenson Street			Date of Receipt									
			09 30 2006									
City Hilliard	State OH	Zip Code 43026	Transaction ID: SA11A1.6340									
FEC ID number of contributing		43020	Amount of Each Receipt this Period									
federal political committee.	C		90.00									
Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction									
Co. Receipt For:		Resources Manager	-1									
Primary General	, iggi egale		1									
Other (specify)		285.00	1									
/												
SUBTOTAL of Receipts This Page (optional)			420.00									
TOTAL This Period (last page this line number of	only)											

ç	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/24							
			Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
•		lana cirti									
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)		· ·								
$ \rangle$	MOTORISTS INSURANCE CIVIC FUNI	C									
\square											
Α.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt							
	Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y							
				09 30 2006							
	City	State	Zip Code	Transaction ID: SA11A1.6342							
	Powell	OH	43065	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		90.00							
	·			- Payroll deduction							
	Name of Employer Motorists Mutual Insurance	Occupation	n								
	Co. Receipt For:	Manager	e Year-to-Date ▼								
	Primary General	Ayyreyale		1							
	Other (specify) 🔻	0 0	285.00								
				-							
R	Full Name (Last, First, Middle Initial) Paul J. Richards			Date of Receipt							
υ.	Mailing Address 4732 Golf Village Drive										
				09 2006							
	City	State	Zip Code	Transaction ID: SA11A1.6343							
	Powell	OH	43065	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		90.00							
				Bayroll deduction							
	Name of Employer Motorists Mutual Insurance	Occupation	n	Payroll deduction							
	Company	Manager	Veer to Dete	_							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1							
	Other (specify)		285.00								
			<u> </u>								
~	Full Name (Last, First, Middle Initial)										
U.	Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue	`		Date of Receipt							
		;		09 30 2006							
	City	State	Zip Code	Transaction ID: SA11A1.6344							
	Worthington	OH	43085	Amount of Each Receipt this Period							
	FEC ID number of contributing	С		150.00							
	federal political committee.										
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction							
	Company	Manager		_							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify)		475.00								
		0.0									
s	UBTOTAL of Receipts This Page (optional)			330.00							
Т	OTAL This Period (last page this line number or	nly))								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/24								
	EMIZED RECEIPTS		or each category of the	(check only one)								
••			Detailed Summary Page	X 11a 11b 11c 12								
A	winformation and from such Departure and Cha			13 14 15 16 17								
or	y information copied from such Reports and State for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.								
\sum	NAME OF COMMITTEE (In Full)											
	MOTORISTS INSURANCE CIVIC FUNE)										
<u>А.</u>	Full Name (Last, First, Middle Initial) Karen L. Schwartz			Date of Receipt								
	Mailing Address 1252 Pond Hollow Lane			M M M / D D / Y Y Y Y Y 09 / 30 / 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6345								
	New Albany	OH	43054	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer	Occupation	1	Payroll deduction								
	Motorists Mutual Insurance Company	Vice Pres	sident									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		475.00	1								
	Other (specify)	0 0										
в.	Full Name (Last, First, Middle Initial) Ralph W. Smithers, Jr.			Date of Receipt								
	Mailing Address 4319 Portobello Drive			M M / D D / Y Y Y Y 09 30 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6346								
	Gahanna	ОН	43230	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	0 0 0 0 0 0	90.00								
				- Payroll deduction								
	Name of Employer Motorists Mutual Insurance	Occupation	1									
	Company	Manager	Year-to-Date V									
	Receipt For:	Aggregale	rear-lo-Dale V									
	Other (specify) ▼	0 0	285.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt								
	Mailing Address 6900 Kindler Drive											
	City	State	Zip Code	09 30 2006								
	New Albany	OH	43054	Transaction ID: SA11A1.6347 Amount of Each Receipt this Period								
	FEC ID number of contributing											
	federal political committee.	C		150.00								
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction								
	Company Receipt For:		ce President Year-to-Date ▼									
	Primary General	Ayyreyale		1								
	Other (specify) ▼	0 0	475.00									
6	UBTOTAL of Receipts This Page (optional)			390.00								
P	UDIVIAL OF RECEIPTS THIS Page (optional)		••••••									
т	OTAL This Period (last page this line number or	ıly)		•								

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 17 / 24 (check only one)								
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
·				13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
\sum	NAME OF COMMITTEE (In Full)											
\geq	MOTORISTS INSURANCE CIVIC FUNE	0		-								
Α.	Full Name (Last, First, Middle Initial) Tamera A. Stephens			Date of Receipt								
	Mailing Address 8816 Cooks Hill Road			M M / D D / Y Y Y Y 09 30 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6348								
	Glenford	OH	43739	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction								
	Company	Vice Pres		_								
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻									
	Other (specify)	0 0	475.00									
в.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson			Date of Receipt								
	Mailing Address 3264 Arctic Avenue			M M / D D / Y Y Y Y 09 30 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6349								
	Lewis Center	OH	43035	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer Motorists Mutual Insurance	Occupation Manager	1	Payroll deduction								
	Co. Receipt For:	, v	e Year-to-Date ▼									
	Primary General			1								
	Other (specify)	0 0	475.00									
C.	Full Name (Last, First, Middle Initial) Gary J. Tisdale			Date of Receipt								
	Mailing Address 1636 Sandyside Drive			M M / D D / Y Y Y Y 09 30 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6350								
	Columbus	OH	43235	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		30.00								
	Name of Employer Motorists Mutual Insurance	Occupation	1	Payroll deduction								
	Company Receipt For:	Manager Aggregate	e Year-to-Date ▼	-1								
	Primary General	Aggregate		1								
	Other (specify)	0 0	225.00									
s	UBTOTAL of Receipts This Page (optional)			330.00								
т	OTAL This Period (last page this line number or	nly)	· · · · · · · · · · · · · · · · · · ·									

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/24								
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)								
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	v not be sold or used by any persol	on for the purpose of soliciting contributions								
$\overline{\mathbf{\nabla}}$	NAME OF COMMITTEE (In Full)											
	MOTORISTS INSURANCE CIVIC FUN	D										
Α.	Full Name (Last, First, Middle Initial) James E. Vermillion			Date of Receipt								
	Mailing Address 919 Byron Avenue			M M / D D / Y								
	City Columbus	State OH	Zip Code	Transaction ID: SA11A1.6351								
			43227	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		210.00								
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Pres		Payroll deduction								
	Receipt For:	Aggregate	e Year-to-Date 🔻									
	Primary General Other (specify) ▼		665.00]								
В.	Full Name (Last, First, Middle Initial) Richard J. Walton			Date of Receipt								
	Mailing Address 3249 Scioto Run Blvd.			M M / D D / Y Y Y Y 09 / 30 / 2006								
	City	State	Zip Code	Transaction ID: SA11A1.6352								
	Hilliard	OH	43026	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction								
	Company	Vice Pres		_								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-								
	Other (specify)	0 0	475.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Peter A. Weisenberger			Date of Receipt								
	Mailing Address 7105 Lakebrook Blvd.			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y								
	City	State	Zip Code	Transaction ID: SA11A1.6353								
	Columbus	ОН	43235	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		120.00								
	Name of Employer Motorists Mutual Insurance	Occupation		Payroll deduction								
	Company Receipt For:	Vice Pres	sident • Year-to-Date V	_								
	Primary General	Aggregate		-								
	Other (specify)	0 0	380.00									
s	UBTOTAL of Receipts This Page (optional)			480.00								
т	OTAL This Period (last page this line number o	only)										

TEMIZED RECEIPTS Description and solutions? (check only one) (check only one) <th>S</th> <th>CHEDULE A (FEC Form 3X)</th> <th></th> <th>Use separate schedule(s)</th> <th colspan="9">FOR LINE NUMBER: PAGE 19/24</th>	S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/24								
Detailed Summary Page 11 11 15 16 17 Ary Information copied from such Reports and Statements and address of any political committee to solid: contributions from such committee. 10 16 17 Ary Information copied from such Reports and Statements and address of any political committee to solid: contributions from such committee. 10 11													
Apy information coded from such Reports and Statements may not be add or used by any parson for the purpose of statelling contributions from such committee. NAME OF COMMITTEE (in Full) MATORISTS INSURANCE CIVIC FUND A Charles A: Vickent Maling Address City Vesterville OH 40082 FC ID number of contributing fodd a political committee. Optimize (Last, First, Middle Initial) A charles A: Vickent Maling Address Date of Receipt Optimize (Last, First, Middle Initial) A charles A: Vickent Maling Address Date of Receipt IB Period FC ID number of contributing fodd a political committee. Optimize (Last, First, Middle Initial) B cull Name (Last, First, Middle Initial) C charles A: Viewana Maling Address Date of Receipt Ib Period Tother (Laspecity) ♥	••			Detailed Summary Page									
ar for commercial puppese, other than using the name and address of any political committee to solicit contributions from such committee. NAME CP COMMITTEE (in Full) MOTORISTS INSURANCE CIVIC FUND Full Norme (Last, First, Middle Initial) Ac Charles A Viewent Mailing Address S519 Medallion Drive W. City State Viewent Name (Last, First, Middle Initial) Ac draftes A Viewent Pictorian A Viewent Name of Striployer Senior Vice President Company, Receipt For: Primary (Gaereral political committee) City State City Senior Vice President Company, Receipt For: Primary (Gaereral political committee) City State Subury Other (appoly) (main and the visual) Mailing Address Receipt For: Name of Striployer Other (appoly) (main and the visual) Mailing Address Receipt For: Primary (Gaereral political committee) Receipt For: Primary (Gaereral political comittibuling	•												
MOTORISTS INSURANCE CIVIC FUND A Onlines A. Wided: Maiing Address _5519 Medallion Drive W. City State Processition Senior Vice President Receipt For: Concupation Primary General Other (specify) © State City State Sunbury Other (specify) © Name (Last, First, Middle Initial) Aggregate Year-to-Date ♥ Name (Last, First, Middle Initial) Manager Receipt For: Occupation Manager Aggregate Year-to-Date ♥ Primary General Other (specify) © Cocupation <	Ar or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.								
✓ Full Name (Last, First, Middle Initial) A. Charles A Wickert Date of Receipt Mailing Address 5519 Medallion Drive W. City State Zip Code Westerville OH 43082 FCC ID number of contributing rederal political committee. C 180.00 Participation Senior Vice President Anount of Each Receipt Ibis Period Chirds Multial Insurance Cocupation Participation Mailing Address 14924 S. R. 35, E. City State Zip Code Name of Encloyer Other (specify) ♥ State Zip Code Transaction ID: SA11A1.6355 Anount of Each Receipt Ibis Period Cocupation Manager Participation Participation Receipt For: Cocupation Manager Participation Participation Participation Mailing Address 90 Timberknoll Loop City State Zip Code Parit All All As355	Ν												
A. Charling Address 5519 Medallion Drive W. City State Zip Code Vestarville OH 43082 FEC ID number of contributing rederal political committee. C Transaction ID: SA11A1.6354 Maing Address 180.00 Payroll deduction Servicer Vice President Aggregate Year-to-Date ▼ Payroll deduction B. Cut cast, First, Middle Initial) Date of Receipt B. Conterts Millian State Zip Code Other (specify) ▼ State Zip Code Transaction ID: SA11A1.6355 Maing Address 14924 S. R. 35, E. Date of Receipt Payroll deduction City State Zip Code Transaction ID: SA11A1.6355 Maing Address 14924 S. R. 35, E. Date of Receipt Transaction ID: SA11A1.6355 Subbury OH 43074 Payroll deduction Payroll deduction Name of Employer Motorist Mullian Insurance Co. Occupation Manager Payroll deduction Payroll deduction City State Zip Code Transaction ID: SA11A1.6356 Payroll deduction Name of Employer Motorist Mullian Insurance Co. <td< th=""><th></th><th>MOTORISTS INSURANCE CIVIC FUNE</th><th>D</th><th></th><th></th></td<>		MOTORISTS INSURANCE CIVIC FUNE	D										
City State Zip Code Westerville OH 43082 FEC ID number of contributing federal political committee. C Image: State State State Payroll deduction Manual of Each Receipt IIs Period Senior Vice President Payroll deduction Payroll deduction Maing Address 180.00 Payroll deduction Senior Vice President Payroll deduction B Chiefes A William Aggregate Year-to-Date ▼ Payroll deduction Payroll deduction B Chiefes A William C Senior Vice President Payroll deduction Maing Address 143074 Transaction ID: SA1141.6355 Amount of Each Receipt His Period B Chiefes A William Occupation Maing Primary O e for the senith Period If ederal political committee. C Primary O e for the senith Period Payroll deduction FEC ID number of contributing federal political committee. Occupation Manager Payroll deduction Receipt For: Primary General Occupation Payroll deduction C Maing Address 90.00 Payroll deduction Payroll deduction C<	Α.				Date of Receipt								
Westerville OH 43082 FEC ID number of contributing federal political committee. C 180.00 Name of Enployer Monorsts mutual insurance Serior Vice President Payroll deduction Receipt for: Becipt of the standard insurance Other (specify) ▼ Occupation Serior Vice President Payroll deduction B. Uname (Last, First, Middle Initial) B. Charles & Williams Date of Receipt Date of Receipt B. Other is Avillams Date of Receipt 0 9 / 2 0 0 6 Transaction ID: SA11A1.6355 Sumbury OH 43074 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Manager Payroll deduction Mene of Enployer Mene of Enployer Mene of Enployer Chieft Smitulal Insurance Chieft S		Mailing Address 5519 Medallion Drive W			09 30 2006								
FEC ID number of contributing rederal political committee. C 180.00 Name of Employer Compasy C		-		Zip Code	Transaction ID: SA11A1.6354								
rederal political committee. Image of Employee Name of Employee Senior Vice President Aggregate Vaer-to-Date ▼ Payroll deduction Primary General Other (specify) ▼ State B. Charles & Williams Date of Receipt Maling Address 14924 S. R. 35, E. Oly State Dily State Dumbury OH FEC ID number of contributing federal political committee. Occupation Manager Aggregate Year-to-Date ▼ Receipt For: Occupation Primary General Other (specify) ▼ Occupation Manager Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11A1.6355 Amount of Each Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code Powell OH 43065 Powell OH 43055 Powell OH 43055 Prim		Westerville	OH	43082	Amount of Each Receipt this Period								
Mailing address 90 coupation B. Full Name (Last, First, Middle Initial) B. Charles A. Williams Mailing Address 14924 S. R. 35, E. City State City State PECE [Proced] 90.00 Paraset on the state of the st			С										
Company		Name of Employer	Occupation	1	Payroll deduction								
Primary General Other (specify) ▼ 570.00 B. Charles A. Williams Mailing Address 14924 S. R. 35, E. Date of Receipt City State Zip Code Sunbury OH 43074 FEC ID number of contributing rederal political committee. C mount of Each Receipt this Period PEC ID number of contributing rederal political committee. C Payroll deduction Name of Employer Motorists Mubual insurance Co. Cccupation Manager C. Manager 285.00 Payroll deduction FUI Name (Last, First, Middle Initial) C Payroll deduction Payroll deduction C Michael L. Wiseman OH 43065 Transaction ID: SA11A1.6358 Anount of Each Receipt For: Primary General OI 30 / Y 2 0 0 6 C Michael L. Wiseman C Transaction ID: SA11A1.6358 Anount of Each Receipt this Period City State Zip Code Transaction ID: SA11A1.6358 Anount of Each Receipt this Period FEC ID number of contributing rederal political committee. C 30 / Y 2 0 0 6 Transaction ID: SA11A1.6358 Anount of Each Receipt This Parecept For: Primary General Oiter (Senior Vi	ce President									
Other (specify) ◆ 570.00 Full Name (Last, First, Middle Initial) Date of Receipt B. Charles A. Williams Date of Receipt Mailing Address 14924 S. R. 35, E. City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal polyer Motorists Mutual Insurance Co. Occupation Manager Payroll deduction Name of Employer Motorists Mutual Insurance Co. Occupation Manager Payroll deduction C. Hult Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Payroll deduction C. Michael L. Wiseman Mailing Address 90 Timberknoll Loop Date of Receipt this Period City State Zip Code Transaction ID: SA11A1.6358 Powell OH 43065 Transaction ID: SA11A1.6358 Powell OH 43065 Payroll deduction FEC ID number of contributing federal policy acommute. Occupation Treasurer Payroll deduction Name of Employer Motorists Mutual Insurance Company. Occupation Treasurer Payroll deduction Name of Employer Motorists Mutual Insurance Company. Occupation Treasurer Payroll deduction SubtrotAL of Receipts This Page (option			Aggregate	e Year-to-Date 🔻									
■ Collet (specify) ▼ ■ ■ Full Name (Last, First, Middle Initial) ■ Date of Receipt Mailing Address 14924 S. R. 35, E. City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal political committee. C Maining Address 90.00 Period © Cccupation Manager Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Childe Initial) C Full Name (Last, First, Middle Initial) C C Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C City State Zip Code OH 43065 Fransaction ID: SA11A1.6358 Amount of Each Receipt this Period Image: Period 210.00 Payroll deduction Transaction ID: SA11A1.6358 Amount of Each Receipt this Period FE CI D number of contributing federal political committee. </th <th></th> <th></th> <th></th> <th>570.00</th> <th>1</th>				570.00	1								
B. Charles A. Williams Date of Receipt Mailing Address 14924 S, R. 35, E. City State Zip Code Subbury OH 43074 FEC ID number of contributing federal political committee. C Transaction ID: SA11A1.6355 Amount of Each Receipt His Period 90.00 Payroll deduction 90.00 Name of Employer Motorists Mutual Insurance Co. Occupation Manager Aggregate Year-to-Date Pull Name (Last, First, Middle Initial) C C. Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop City State Zip Code OH 43065 Transaction ID: SA11A1.6358 Amount of Each Receipt Mode Mailing Address 90 Timberknoll Loop City State Zip Code OH 43065 Transaction ID: SA11A1.6358 Amount of Each Receipt His Period Teaseurer City State Zip Code OH 43065 Transaction ID: SA11A1.6358 Amount of Each Receipt His Period Teaseuret Powell<		Other (specify) ♥	0 0										
City State Zip Code Sunbury OH 43074 FEC ID number of contributing federal political committee. C ransaction ID: SA11A1.6355 Mame of Employer Motorists Mutual Insurance Co. Occupation Manager Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Payroll deduction C Michael L Wiseman Date of Receipt Date of Receipt Mailing Address 90 Timberknoll Loop Transaction ID: SA11A1.6358 City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. Occupation Treasurer Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Aggregate Year-to-Date ▼ Payroll deduction Aggregate Year-to-Date ▼ Payroll deduction SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ Payroll deduction	в.				Date of Receipt								
Sunbury OH 43074 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 90.00 Payroll deduction Name of Employer Motorists Mutual Insurance Co. Occupation Manager Payroll deduction Payroll deduction Motorists Mutual Insurance Co. Aggregate Year-to-Date ▼ Payroll deduction Payroll deduction C. Manager Aggregate Year-to-Date ▼ Date of Receipt C. Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop C Transaction ID: SA11A1.6358 City State Zip Code Powell OH 43065 Period 210.00 FEC ID number of contributing federal political committee. C 210.00 Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Aggregate Year-to-Date ▼ Primary General Occupation Treasurer Aggregate Year-to-Date ▼ Payroll deduction SUBETOTAL of Receipts This Page (optional) 665.00 5184.00 5184.00		Mailing Address 14924 S. R. 35, E.											
Sunbury OH 43074 FEC ID number of contributing federal political committee. C 90.00 Name of Employer Motorists Mutual Insurance Co. Occupation Manager Payroll deduction Receipt For: Primary General 285.00 Other (specify) ▼ 285.00 Date of Receipt Mailing Address 90 Timberkholl Loop 0 City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. Occupation Mailing Address 90 Timberkholl Loop City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Motorists Mutual Insurance Occupation Company Receipt For: Primary General Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00		City	State	Zip Code	Transaction ID: SA11A1.6355								
federal political committee. 0 Name of Employer Motorists Mutual Insurance Co. Occupation Manager Aggregate Year-to-Date Primary General Other (specify) ▼ 285.00 Full Name (Last, First, Middle Initial) C. Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Aggregate Year-to-Date ▼ Payroll deduction 480.00		Sunbury	OH	43074	Amount of Each Receipt this Period								
rederal political committee. Payroll deduction Payroll deduction Name of Employer Motorists Mutual Insurance Co Occupation Manager			C		90.00								
Name of Employer Occupation Manager Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 285.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Michael L. Wiseman Mailing Address 90 Timberknoll Loop City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Occupation Motorists Mutual Insurance Company Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction SubtrotAL of Receipts This Page (optional) 480.00 5184.00		federal political committee.											
Co. Iminager Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Mailing Address 90 Timberknoll Loop City State Zip Code Powell OH 43065 FEC ID number of contributing tederal political committee. C Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Treasurer Aggregate Year-to-Date ▼ Payroll deduction Y Y Y Other (specify) ▼ Aggregate Year-to-Date ▼ Payroll deduction Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y </th <th></th> <th>Name of Employer</th> <th>Occupation</th> <th>1</th> <th>Payroll deduction</th>		Name of Employer	Occupation	1	Payroll deduction								
Primary General Other (specify) ▼ 285.00 C. Michael L. Wiseman Mailing Address 90 Timberknoll Loop City State Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Occupation Mommary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 480.00			Manager										
Other (specify) ▼ 285.00 Full Name (Last, First, Middle Initial) Date of Receipt Miling Address 90 Timberknoll Loop 0 City State Zip Code Powell 0H 43065 FEC ID number of contributing tederal political committee. C Name of Employer Motorists Mulual Insurance Company Occupation Treasurer Receipt For: Primary Primary General Other (specify) ▼ 480.00 SUBTOTAL of Receipts This Page (optional) 480.00			Aggregate	e Year-to-Date 🔻									
Curlet (specify) ♥ Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 90 Timberknoll Loop 0 9 3 0 2 0 0 6 City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Insurance Company. Occupation Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00				285.00	1								
C. Michael L. Wiseman Date of Receipt Mailing Address 90 Timberknoll Loop City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. C Transaction ID: SA11A1.6358 Name of Employer Motorists Multual Insurance Company Occupation Treasurer Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Payroll deduction SUBTOTAL of Receipts This Page (optional) 480.00 5184.00			0 0	0 0 0 0 0 0 0	1								
City State Zip Code Transaction ID: SA11A1.6358 Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 210.00 Name of Employer Motorists Mutual Insurance Company. Occupation Treasurer Payroll deduction Receipt For: Aggregate Year-to-Date ▼ 665.00 480.00 SUBTOTAL of Receipts This Page (optional) 5184.00 5184.00	C.	(· · · ·)			Date of Receipt								
Powell OH 43065 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 210.00 Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Payroll deduction Receipt For: Aggregate Year-to-Date ▼ 665.00 Payroll deduction SUBTOTAL of Receipts This Page (optional) 480.00 5184.00		Mailing Address 90 Timberknoll Loop											
FEC ID number of contributing federal political committee. C 210.00 Name of Employer Motorists Mutual Insurance Company Occupation Treasurer Payroll deduction Receipt For: Aggregate Year-to-Date ▼ 665.00 Payroll deduction Primary General 665.00 480.00 SUBTOTAL of Receipts This Page (optional)		City	State	Zip Code	Transaction ID: SA11A1.6358								
federal political committee. C 210.00 Name of Employer Motorists Mutual Insurance Company Receipt For: Occupation Treasurer Payroll deduction Primary General 665.00 9 SUBTOTAL of Receipts This Page (optional) 480.00 5184.00		Powell	OH	43065									
Name of Employer Occupation Motorists Mutual Insurance Treasurer Company Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00			C										
Company Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00 5184.00		Name of Employer	Occupation	ı	Payroll deduction								
Primary General Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00 5184.00													
Other (specify) ▼ 665.00 SUBTOTAL of Receipts This Page (optional) 480.00 5184.00			Aggregate	e Year-to-Date ▼									
SUBTOTAL of Receipts This Page (optional)				665.00									
5184.00			0 0										
5184.00	s	UBTOTAL of Receipts This Page (optional)			480.00								
	\vdash				-								

				Use seperate schedule(s)				R LIN			R:		PAGE 20 / 24					
IT	EMIZED DI	SBURSEMEN	TS		category of the Summary Page	F		21b 27	\square	22 28a	<u> </u>	23 28b		24 28c	\square	25 29	26 30b	
		ed from such Reports rposes, other than usir																
	NAME OF COM	MITTEE (In Full) NSURANCE CIVIC	FUND															
Α.	Full Name (Last, TIBERI FOR C Mailing Address	First, Middle Initial) ONGRESS 2021 E Dublin (Suite 2000	Granville F	Road						Trans Date o 0 9		burs		nt		0 ð 6	Y	
	City Columbus		-	State OH	Zip Code 43229					Amou	nt of	Each	ı Dis	burse		this Pe		
	Purpose of Disbu Campaign Contril					(011			L.						500.0	0	
	Candidate Name TIBERI FOR C	ONGRESS					itego Fype											
	Office Sought: State: OH	X House Senate President District: 12	Disburser	ment For: Primary Other (spe	2006 X General ecify) ▼													

1		
SUBTOTAL of Disbursements This Page (optional)		500.00
TOTAL This Period (last page this line number only)	•	500.00
FEC Schedule B (Form 3X) Rev. 02/2003		

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			OR LIN	AGE 21	21 / 24				
IT	EMIZED DISBURSEMENTS	for each category of the	, 	(0	heck or 21b	nly one)	 2	з I	24	25	26
		Detailed Summary Page		\vdash	27	28a		8b	28c	X 29	30b
	y Information copied from such Reports and St										
or	or commercial purposes, other than using the n	name and address of any politica	l con	nmi	ttee to s	Solicit cont	ributior	is fro	m such	committee	9
\rangle	MOTORISTS INSURANCE CIVIC FUN	D									
_	Full Name (Last, First, Middle Initial)					Trans	sactior	n ID:	SB29.6	299	
Α.	Citizens for Geoffrey C. Smith						of Dist				
	Mailing Address 865 Macon Alley					0 ^M 9	M /	^D 1	5	Ź0Ŏ	6
	City	State Zip Code				Amou	unt of E	ach	Disburse	ement this	Period
	Columbus Purpose of Disbursement	OH 43206					Ū			500	0.00
	Campaign Contribution			0-	11						
	Candidate Name		С		gory/						
	Citizens for Geoffrey C. Smith Office Sought: X House Disb	ursement For: 2006		Ту	pe	_					
	Senate	Primary X General									
	President	Other (specify)									
	State: OH District: 24										
В.	Full Name (Last, First, Middle Initial) Citizens for Hottinger						sactior of Dist		SB29.6	302	
						м	M /	D	D / 1	YYY	Y
	Mailing Address 386 Sabrecutt Drive					09		2	ő	źoò	6
	City Newark	State Zip Code OH 43055				Amou	unt of E	ach	Disburse	ement this	s Period
	Purpose of Disbursement		_	-		-]				250	0.00
	Campaign Contribution			0							
	Candidate Name Citizens for Hottinger		С	ate Ty	gory/ pe						
	Office Sought: X House Disb	ursement For: 2006		,		-					
	Senate	Primary X General									
	State: OH District: 71	Other (specify)									
	Full Name (Last, First, Middle Initial)					Tran	saction	יחו י	SB29.6	283	
C.	Citizens for Larry Wolpert						of Disk			200	
	Mailing Address 6216 Clover Place					[™] 9	M /	^D 0	^D /	źoŏ	6 ^Y
	City Hilliard	State Zip Code OH 43026				Amou	unt of E	ach	Disburse	ement this	Period
	Purpose of Disbursement Campaign Contribution			0-	11					100	0.00
	Candidate Name Citizens for Larry Wolpert			ate Ty	gory/ pe						
	Senate President	ursement For: 2006 Primary X General Other (specify) ▼									
_	State: OH District: 23										
s	UBTOTAL of Disbursements This Page (option	nal)			•					850	.00
Т	OTAL This Period (last page this line number of	only)			►						

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			-		BER:		P	AGE 22	/ 24
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(c	heck or 21b	nly one)	Г	23	24	25	26
					27	288		28b	28c	X 29	30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										-
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUND										
Δ.	Full Name (Last, First, Middle Initial)								:SB29.6	6280	
	Committee for Joe Testa					M	M			Y Y Y	Y
	Mailing Address 1892 Birkdale Drive					0	8	2	21	ŶŽOŎ	6
	,	State Zip Code OH 43232				Am	ount	of Each	Disburs	ement this	s Period
	Purpose of Disbursement	UH 43232	_	_		-				250	0.00
	Campaign Contribution			01	1						
	Candidate Name Committee for Joe Testa			ate Ty	gory/						
	Office Sought: House Disburse	ment For: 2006		' '		_					
	Senate	Primary X General									
	State: OH District:	Other (specify)									
	Full Name (Last, First, Middle Initial)					Tra	nsac	tion ID	: SB29.6	6295	
В.	Committee for Larry Flowers					-	e of [Disburs	ement		
	Mailing Address 14 East Gay Street Second Floor					0	9 [™]	/ ^D () 1 [/]	ŶŽOŎ	6 [°]
	City	State Zip Code OH 43215				Am	ount	of Each	n Disburs	ement this	s Period
	Purpose of Disbursement			-						250	0.00
	Campaign Contribution Candidate Name			01 ato	gory/						
	Committee for Larry Flowers			Ty	• •						
	3 <u>X</u>	ment For: 2006									
	Senate President	Primary X General Other (specify)									
	State: OH District: 19										
C.	Full Name (Last, First, Middle Initial) Daniels for State Representative							tion ID Disburs	: SB29.6 ement	6291	
	Mailing Address 440 North Street					0	9	/ D) ^D /	ŶŽOŎ	6 [°]
		State Zip Code OH 45123				Am	ount	of Each	Disburs	ement this	s Period
	Purpose of Disbursement Campaign Contribution			01	1					250	0.00
	Candidate Name Daniels for State Representative		Ca		gory/						
	Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify) ▼									
_	State: OH District: 86	· · · · ·									
s	JBTOTAL of Disbursements This Page (optional) .				•					750	.00
Т	OTAL This Period (last page this line number only)				►						

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			IE NUMBER: PAGE 23 / 24					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(C	heck or 21b	nly one)		23	24	25	26
				27	28a		28b	28c	X 29	30b
	Information copied from such Reports and Statem or commercial purposes, other than using the name									
\square	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	MOTORISTS INSURANCE CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Friends of Faber					sactio of Dis		SB29.6 ment	292	
	Mailing Address 218 B South Main Street		 		^м 9	M /	D 0	^D /	ŹOŎ	6 ^Y
	City Celina	State Zip Code OH 45822	 		Amou	unt of	Each	Disburse	ement this	Period
	Purpose of Disbursement Campaign Contribution		01	1					500	0.00
	Candidate Name Friends of Faber		ateg Typ	gory/ be						
	Senate President	ement For: 2006 Primary X General Other (specify) ▼								
	State: OH District: 77									
В.	Full Name (Last, First, Middle Initial) Ohioans for Blackwell					of Dis		SB29.6 ement		Y
	Mailing Address 172 East State Street 6th Floor				0 9	M /	1	3	ŹOŎ	6
		StateZip CodeOH43125			Amou	unt of	Each	Disburse	ement this	
	Purpose of Disbursement Campaign Contribution		01	1					500	0.00
	Candidate Name Ohioans for Blackwell		ateç Typ	gory/ be						
	Senate President	ement For: 2006 Primary X General Other (specify) ▼								
	State: OH District:									
C.	Full Name (Last, First, Middle Initial) Ohioans for Justice O'Donnell					of Dis	burse			X
	Mailing Address 500 S. Front Street Suite 700				0 8		2	B /	źoò	6
	City Columbus	StateZip CodeOH43215			Amou	unt of	Each	Disburse	ement this	
	Purpose of Disbursement Campaign Contribution								1000	0.00
	Candidate Name Ohioans for Justice O'Donnell		ateç Typ	gory/ De						
	Senate President	ement For: 2006 Primary X General Other (specify) ▼								
Г	State: District:		 							
s	JBTOTAL of Disbursements This Page (optional)		 	•					2000	.00
Т	OTAL This Period (last page this line number only)		 	►						

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)			NUMBER:		PAGE 24/24		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	23 28b	24 28c	25 X 29	26 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name								IS
NAME OF COMMITTEE (In Full) MOTORISTS INSURANCE CIVIC FUND								
Full Name (Last, First, Middle Initial) OIIPAC Mailing Address 172 East State Street P. O. Box 816				Transaction ID: SB29.6273Date of Disbursement $M 7 M$ / $D 2 8$ /YY 0 0 60 7 M/ $D 2 8$ /Y 2 0 0 6				
CityStateZip CodeColumbusOH43216				Amount of Each Disbursement this Period				
Purpose of Disbursement State PAC Contribution Candidate Name		Catego					925.	00
Office Sought: House Disburser Senate President State: District:	nent For: 2006 Primary X General Other (specify) ▼	Туре	e					
Full Name (Last, First, Middle Initial) B. Re-Elect Jim Carmichael				Transac Date of [Disburse	ement		X
Mailing Address 2594 Timothy Place				09	0	D /)	ŹOŎ	S ^Y
Wooster	State Zip Code OH 44691			Amount	of Each	Disburse	ment this	
Purpose of Disbursement Campaign Contribution011Candidate Name Re-Elect Jim CarmichaelCategory/ Type							250.	00
Office Sought: X House Disburser Senate President State: OH District: 03	nent For: 2006 Primary X General Other (specify) ▼							
Full Name (Last, First, Middle Initial) C. Seitz for State Representative				Transac Date of I	Disburse	ement		Y
Mailing Address 4401 Abby Court				0 9	0	D / Y	200	5
Cincinnati	State Zip Code OH 43248			Amount	of Each	Disburse	ment this	
Purpose of Disbursement Campaign Contribution 011 Candidate Name						250.	00	
Seitz for State Representative		Catego Type						
Office Sought: X House Disburser Senate President State: OH District: 30	nent For: 2006 Primary X General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)			►				1425.	00
TOTAL This Period (last page this line number only)			►				5025.	00