

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MOTORISTS INSURANCE CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST

Check if different than previously reported. (ACC) COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00336834

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 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 Electronically Filed by Michael L. Wiseman Date 10 04 2006

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

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		10444.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning 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								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1923.67	1923.67								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
MOTORISTS INSURANCE CIVIC FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	5184.00	9948.00
(i) Itemized (use Schedule A) .....	342.00	7626.00
(ii) Unitemized .....	5526.00	17574.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 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
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	132.83
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.95	12.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5528.95	17719.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5528.95	17719.80

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13.50	40.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13.50	40.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	4000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5025.00	22200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5538.50	26240.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5538.50	26240.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Michael J. Agan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 5658 Tynecastle Loop		<b>Transaction ID: SA11A1.6305</b>	
City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Ins. Co. Occupation Manager	Aggregate Year-to-Date ▼ 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John J. Bishop</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1390 Picardae Court		<b>Transaction ID: SA11A1.6306</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co. Occupation Chairman, President and CEO	Aggregate Year-to-Date ▼ 950.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Duane L. Cable</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 6984 Linbrook Blvd.		<b>Transaction ID: SA11A1.6307</b>	
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company Occupation Manager	Aggregate Year-to-Date ▼ 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Thomas D. Campana</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address <b>6436 Meadow Glen N</b>		<b>Transaction ID: SA11A1.6308</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Grady Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address <b>5760 Whispering Trail</b>		<b>Transaction ID: SA11A1.6309</b>	
City <b>Galena</b>	State <b>OH</b>	Zip Code <b>43021</b>	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Ins. Co.	Occupation Vice President	Aggregate Year-to-Date ▼ 475.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John D. Coffman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address <b>7042 Tralee Drive</b>		<b>Transaction ID: SA11A1.6310</b>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Amount of Each Receipt this Period 102.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 323.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	342.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Kathleen M. Cooper

Mailing Address 10544 Smoke Road, SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: SA11A1.6311

Amount of Each Receipt this Period  
 90.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Daniel L. Crawford

Mailing Address 6323 Cook Road

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Company  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: SA11A1.6312

Amount of Each Receipt this Period  
 150.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Douglas L. Dodson

Mailing Address 5922 Coventry Lake Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer Motorists Mutual Insurance Co.  
Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: SA11A1.6314

Amount of Each Receipt this Period  
 90.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. Michael D. Finch</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 8857 Chateau Drive		<b>Transaction ID: SA11A1.6315</b>	
City Pickerington	State OH	Zip Code 43147	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shaun D. Gregoire</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 396 Shelby Avenue, East		<b>Transaction ID: SA11A1.6317</b>	
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Marc S. Hall</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 5999 Lane Road		<b>Transaction ID: SA11A1.6318</b>	
City Centerburg	State OH	Zip Code 43011	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

<b>A.</b> Full Name (Last, First, Middle Initial) Paul T. Hammer		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 813 East College Avenue		<b>Transaction ID:</b> SA11A1.6319
City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter A. Hitchcock		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1409 Snowmass Road		<b>Transaction ID:</b> SA11A1.6320
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Corporate Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey O. Hoover		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 4556 Dirham Court		<b>Transaction ID:</b> SA11A1.6321
City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Wallace S. Hysell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2007 Twin Flower Circle		<b>Transaction ID: SA11A1.6322</b>	
City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B. David L. Kaufman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 7925 Greenside Lane		<b>Transaction ID: SA11A1.6326</b>	
City State Zip Code Worthington OH 43235	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Sr. Vice President, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

Full Name (Last, First, Middle Initial) <b>C. John C. Kessler</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 3910 Caswell Road		<b>Transaction ID: SA11A1.6327</b>	
City State Zip Code Johnstown OH 43031	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Anne B. King</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 6934 Roundwood Ct.		<b>Transaction ID: SA11A1.6328</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Teresa M. King</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 1139 Tidewater Court		<b>Transaction ID: SA11A1.6329</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Lisi</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 6740 Callaway Court		<b>Transaction ID: SA11A1.6331</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Todd A. Long</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 1002 Loch Ness Avenue		<b>Transaction ID: SA11A1.6332</b>	
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43285</b>	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation <b>Manager</b>	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Orville R. Lyons, II</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 4848 St. Medan Drive		<b>Transaction ID: SA11A1.6336</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Amount of Each Receipt this Period 162.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation <b>Vice President</b>	Aggregate Year-to-Date ▼ 513.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joseph E. Merkel</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 5725 Ballymead Blvd.		<b>Transaction ID: SA11A1.6337</b>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation <b>Manager</b>	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>342.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

<b>A.</b> Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City State Zip Code Lancaster OH 43130 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 30 2006 <b>Transaction ID: SA11A1.6338</b> Amount of Each Receipt this Period 90.00 Payroll deduction
Name of Employer Motorists Mutual Insurance Company Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 10167 Chelton Wood City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 30 2006 <b>Transaction ID: SA11A1.6339</b> Amount of Each Receipt this Period 240.00 Payroll deduction
Name of Employer Motorists Mutual Insurance Company Occupation Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street City State Zip Code Hilliard OH 43026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 30 2006 <b>Transaction ID: SA11A1.6340</b> Amount of Each Receipt this Period 90.00 Payroll deduction
Name of Employer Motorists Mutual Insurance Co. Occupation Human Resources Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Damian Puchala</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 325 Olenview Circle		<b>Transaction ID: SA11A1.6342</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B. Paul J. Richards</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 4732 Golf Village Drive		<b>Transaction ID: SA11A1.6343</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>C. Randolph A. Rudowicz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1026 Loch Ness Avenue		<b>Transaction ID: SA11A1.6344</b>	
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

**A.** Full Name (Last, First, Middle Initial)  
Karen L. Schwartz

Mailing Address 1252 Pond Hollow Lane

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6345

Amount of Each Receipt this Period  
150.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Ralph W. Smithers, Jr.

Mailing Address 4319 Portobello Drive

City State Zip Code  
Gahanna OH 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6346

Amount of Each Receipt this Period  
90.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Charles D. Stapleton

Mailing Address 6900 Kindler Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Motorists Mutual Insurance Company

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6347

Amount of Each Receipt this Period  
150.00

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MOTORISTS INSURANCE CIVIC FUND**

Full Name (Last, First, Middle Initial) <b>A. Tamera A. Stephens</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 8816 Cooks Hill Road		Transaction ID: SA11A1.6348
City State Zip Code Glenford OH 43739	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Craig Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 3264 Arctic Avenue		Transaction ID: SA11A1.6349
City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Gary J. Tisdale</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1636 Sandyside Drive		Transaction ID: SA11A1.6350
City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer Motorists Mutual Insurance Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A.</b> James E. Vermillion		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 919 Byron Avenue		<b>Transaction ID:</b> SA11A1.6351
City Columbus	State OH	Zip Code 43227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard J. Walton		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 3249 Scioto Run Blvd.		<b>Transaction ID:</b> SA11A1.6352
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Peter A. Weisenberger		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 7105 Lakebrook Blvd.		<b>Transaction ID:</b> SA11A1.6353
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice President	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. Charles A. Wickert</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 5519 Medallion Drive W.		<b>Transaction ID: SA11A1.6354</b>	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Senior Vice President	Aggregate Year-to-Date ▼ 570.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Charles A. Williams</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 14924 S. R. 35, E.		<b>Transaction ID: SA11A1.6355</b>	
City State Zip Code Sunbury OH 43074	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Co.	Occupation Manager	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michael L. Wiseman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 90 Timberknoll Loop		<b>Transaction ID: SA11A1.6358</b>	
City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C	Payroll deduction		
Name of Employer Motorists Mutual Insurance Company	Occupation Treasurer	Aggregate Year-to-Date ▼ 665.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5184.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial)

**A.** TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TIBERI FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: OH District: 12

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6304

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

500.00

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

500.00

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. Citizens for Geoffrey C. Smith</b>		<b>Transaction ID: SB29.6299</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 865 Macon Alley		Amount of Each Disbursement this Period 500.00
City Columbus      State OH      Zip Code 43206		
Purpose of Disbursement Campaign Contribution	011 Category/ Type	
Candidate Name Citizens for Geoffrey C. Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Hottinger</b>		<b>Transaction ID: SB29.6302</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 386 Sabrecutt Drive		Amount of Each Disbursement this Period 250.00
City Newark      State OH      Zip Code 43055		
Purpose of Disbursement Campaign Contribution	011 Category/ Type	
Candidate Name Citizens for Hottinger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 71	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Larry Wolpert</b>		<b>Transaction ID: SB29.6283</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 6216 Clover Place		Amount of Each Disbursement this Period 100.00
City Hilliard      State OH      Zip Code 43026		
Purpose of Disbursement Campaign Contribution	011 Category/ Type	
Candidate Name Citizens for Larry Wolpert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. Committee for Joe Testa</b>		<b>Transaction ID: SB29.6280</b> Date of Disbursement 08 / 21 / 2006
Mailing Address 1892 Birkdale Drive		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43232	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Committee for Joe Testa		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee for Larry Flowers</b>		<b>Transaction ID: SB29.6295</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 14 East Gay Street Second Floor		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Committee for Larry Flowers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Daniels for State Representative</b>		<b>Transaction ID: SB29.6291</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 440 North Street		Amount of Each Disbursement this Period 250.00
City Greenfield State OH Zip Code 45123	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name Daniels for State Representative		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 86	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. Friends of Faber</b>		<b>Transaction ID: SB29.6292</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 218 B South Main Street		Amount of Each Disbursement this Period 500.00
City State Zip Code Celina OH 45822	Purpose of Disbursement Campaign Contribution Candidate Name Friends of Faber Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ohioans for Blackwell</b>		<b>Transaction ID: SB29.6297</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 172 East State Street 6th Floor		Amount of Each Disbursement this Period 500.00
City State Zip Code Columbus OH 43125	Purpose of Disbursement Campaign Contribution Candidate Name Ohioans for Blackwell Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ohioans for Justice O'Donnell</b>		<b>Transaction ID: SB29.6281</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 500 S. Front Street Suite 700		Amount of Each Disbursement this Period 1000.00
City State Zip Code Columbus OH 43215	Purpose of Disbursement Campaign Contribution Candidate Name Ohioans for Justice O'Donnell Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOTORISTS INSURANCE CIVIC FUND

Full Name (Last, First, Middle Initial) <b>A. OIIPAC</b>		<b>Transaction ID: SB29.6273</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 172 East State Street P. O. Box 816		Amount of Each Disbursement this Period 925.00
City Columbus State OH Zip Code 43216	Purpose of Disbursement State PAC Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Jim Carmichael</b>		<b>Transaction ID: SB29.6285</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 2594 Timothy Place		Amount of Each Disbursement this Period 250.00
City Wooster State OH Zip Code 44691	Purpose of Disbursement Campaign Contribution Candidate Name Re-Elect Jim Carmichael	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

Full Name (Last, First, Middle Initial) <b>C. Seitz for State Representative</b>		<b>Transaction ID: SB29.6288</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 4401 Abby Court		Amount of Each Disbursement this Period 250.00
City Cincinnati State OH Zip Code 43248	Purpose of Disbursement Campaign Contribution Candidate Name Seitz for State Representative	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5025.00