

**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 MUTUAL INSURANCE COMPANY CIVIC FUND (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 C00336834
 3. IS THIS REPORT X NEW (N) OR AMENDED (A)
 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 X July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S)
 Election on in the State of
 Election on in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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 Wiseman
 Signature of Treasurer Electronically Filed by Michael Wiseman Date 07 18 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^h01 ^d01 ^y2001 To: ^h06 ^d30 ^y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2001		2869.69
(b) Cash on Hand at Beginning of Reporting Period	2869.69	
(c) Total Receipts (from Line 19)	7783.82	7783.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10653.51	10653.51
7. Total Disbursements (from Line 30)	7287.94	7287.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3365.57	3365.57
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. 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 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^W01 ^D01 ^Y2001 To: ^W06 ^D30 ^Y2001

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)	5675.00	
(ii) Unitemized	1976.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7651.00	7651.00
(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 32, page 4)	7651.00	7651.00
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 36, page 4)	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	32.82	32.82
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7783.82	7783.82
20. Total Federal Receipts (subtract Line 18 from Line 19)	7783.82	7783.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	27.00	27.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	27.00	27.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	260.94	260.94
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.....	7000.00	7000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7287.94	7287.94
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7287.94	7287.94
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7651.00	7651.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7651.00	7651.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	27.00	27.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	100.00	100.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	-73.00	-73.00

**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 5 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. John Bishop
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1390 Picardae Court
 City: Powell State: OH Zip Code: 43065
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 850.00
 Payroll Deduction \$50 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: President and COO
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 850.00
 Transaction ID: SA11A1.4523

B. Daniel Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address: 6323 Cook Road
 City: Powell State: OH Zip Code: 43065
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 260.00
 Payroll Deduction \$20 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 260.00
 Transaction ID: SA11A1.4530

C. Craig Ebarwine
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1428 Sedgefield Dr.
 City: New Albany State: OH Zip Code: 43054
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 325.00
 Payroll Deduction \$25 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 325.00
 Transaction ID: SA11A1.4531

SUBTOTAL of Receipts This Page (optional) ► **1235.00**
TOTAL 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)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
David Kaufman

Mailing Address
7925 Greenside Lane

City State Zip Code
Worthington OH 43235

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Sr. Vice President, CIO

Payroll Deduction \$25 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.4540

B. Full Name (Last, First, Middle Initial)
Orville Lyons, II

Mailing Address
1165 Starbuck Ct.

City State Zip Code
Westerville OH 43081

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: SA11A1.4547

C. Full Name (Last, First, Middle Initial)
Thomas Ogg

Mailing Address
10167 Chelton Wood

City State Zip Code
Powell OH 43065

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
520.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Secretary

Payroll Deduction \$40 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 520.00

Transaction ID: SA11A1.4550

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

TOTAL 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 / 14	
	<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 MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
Robert Rabold

Mailing Address
466 Delegate Drive

City State Zip Code
Columbus OH 43235

Date of Receipt
 N M / D E / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
540.00

FEC ID number of contributing federal political committee.
540.00

Name of Employer Occupation
Motorists Mutual Insurance Company Chairman & CEO

Payroll Deduction \$60 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **540.00**

Transaction ID: SA11A1.4551

B. Full Name (Last, First, Middle Initial)
Karan Schwarz

Mailing Address
1252 Pond Hollow Lane

City State Zip Code
New Albany OH 43054

Date of Receipt
 N M / D E / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.
325.00

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **325.00**

Transaction ID: SA11A1.4554

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

Mailing Address
12738 Wheaton Avenue

City State Zip Code
Pickerington OH 43147

Date of Receipt
 N M / D E / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
325.00

FEC ID number of contributing federal political committee.
325.00

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **325.00**

Transaction ID: SA11A1.4556

SUBTOTAL of Receipts This Page (optional) ▶ **1190.00**

TOTAL 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 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Duane Swartz
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1505 Clubview Blvd., S.
 City: Columbus State: OH Zip Code: 43235
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 390.00
 Payroll Deduction \$30 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Senior Vice President
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 390.00
 Transaction ID: SA11A1.4557

B. James Vermilion
 Full Name (Last, First, Middle Initial)
 Mailing Address: 818 Byron Avenue
 City: Columbus State: OH Zip Code: 43227
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 390.00
 Payroll Deduction \$30 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 390.00
 Transaction ID: SA11A1.4558

C. Richard Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3249 Scioto Run Blvd.
 City: Hilliard State: OH Zip Code: 43026
 Date of Receipt: 06 / 30 / 2001
 Amount of Each Receipt this Period: 325.00
 Payroll Deduction \$25 Bi-weekly
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 325.00
 Transaction ID: SA11A1.4559

SUBTOTAL of Receipts This Page (optional) ► **1105.00**
TOTAL 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 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

A. Full Name (Last, First, Middle Initial)
 Peter Weisenberger

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 30 / 2001

Mailing Address
 7105 Lakebrook Blvd.

City State Zip Code
 Columbus OH 43235

Amount of Each Receipt this Period
 260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Payroll Deduction \$20 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary X General
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.4560

B. Full Name (Last, First, Middle Initial)
 Charles Wicker

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 30 / 2001

Mailing Address
 1229 Smiley Court

City State Zip Code
 Westerville OH 43081

Amount of Each Receipt this Period
 325.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Payroll Deduction \$25 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary X General
 Other (specify) ▼ 325.00

Transaction ID: SA11A1.4561

C. Full Name (Last, First, Middle Initial)
 Michael Weeman

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 30 / 2001

Mailing Address
 90 Timberknoll Loop

City State Zip Code
 Powell OH 43065

Amount of Each Receipt this Period
 390.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Treasurer

Payroll Deduction \$30 Bi-weekly

Receipt For: 2001 Aggregate Year-to-Date ▼
 Primary X General
 Other (specify) ▼ 390.00

Transaction ID: SA11A1.4584

SUBTOTAL of Receipts This Page (optional)	▶	975.00
TOTAL This Period (last page this line number only)	▶	5675.00

**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)

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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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Citizens for Bruce Johnson		Date of Disbursement 01 / 17 / 2001
Mailing Address 100 South Third Street City: Columbus State: OH Zip Code: 43215		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Citizens for Bruce Johnson		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4587
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens for Gardner		Date of Disbursement 04 / 24 / 2001
Mailing Address 14900 Mitchell Road City: Bowling Green State: OH Zip Code: 43402		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Citizens for Gardner		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4588
State: District:		

Full Name (Last, First, Middle Initial) C. Citizens for Geoffrey C. Smith		Date of Disbursement 04 / 05 / 2001
Mailing Address 6677 Busch Boulevard City: Columbus State: OH Zip Code: 43226		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Citizens for Geoffrey C. Smith		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4579
State: District:		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Citizens for Larry Wolpert		Date of Disbursement 04 / 05 / 2001
Mailing Address 100 South Third Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Citizens for Larry Wolpert		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4582
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens for Larry Wolpert		Date of Disbursement 06 / 22 / 2001
Mailing Address 100 South Third Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB29.4588
State: District:		

Full Name (Last, First, Middle Initial) C. Citizens for Salemo		Date of Disbursement 04 / 20 / 2001
Mailing Address 57 East Gay Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Citizens for Salemo		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4587
State: District:		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Committee to Elect Armbruster		Date of Disbursement 06 / 06 / 2001	
Mailing Address 33030 Woodhaven Circle City North Ridgville State OH Zip Code 44039		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Committee to Elect Armbruster			
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼		
State: District:	Transaction ID: SB29.4594		

Full Name (Last, First, Middle Initial) B. Committee to Elect Dennis Stapleton		Date of Disbursement 04 / 17 / 2001	
Mailing Address 100 North Glenn Avenue City Washington OH State OH Zip Code 43160		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Committee to Elect Dennis Stapleton			
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼		
State: District:	Transaction ID: SB29.4585		

Full Name (Last, First, Middle Initial) C. Friends for Faber		Date of Disbursement 02 / 01 / 2001	
Mailing Address 207 East Boundary Street City Recovery State OH Zip Code 45846		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Friends for Faber			
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼		
State: District:	Transaction ID: SB29.4573		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL 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)

PAGE 13 / 14

<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

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. Friends for Faber		Date of Disbursement 06 / 22 / 2001
Mailing Address 207 East Boundary Street City Recovery State OH Zip Code 45846		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Transaction ID: SB29.4603
Candidate Name Friends for Faber		
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LIFE PAC		Date of Disbursement 02 / 16 / 2001
Mailing Address 100 South Third Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Transaction ID: SB29.4576
Candidate Name		
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OIIPAC		Date of Disbursement 02 / 08 / 2001
Mailing Address 172 East Staba Street City Columbus State OH Zip Code 43215		Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Political Contribution		Transaction ID: SB29.4575
Candidate Name		
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL 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)

PAGE 14 / 14

<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

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NAME OF COMMITTEE (In Full)
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND (MOTORISTS INSURANCE CIVIC FUND)

Full Name (Last, First, Middle Initial) A. OIIPAC		Date of Disbursement 05 / 16 / 2001	
Mailing Address 172 East State Street City State Zip Code Columbus OH 43215		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼		
State: District:	Transaction ID: SB29.4591		

Full Name (Last, First, Middle Initial) B. The Committee for Blasdel		Date of Disbursement 06 / 06 / 2001	
Mailing Address 16428 Harvard Avenue City State Zip Code East Liverpool OH 43920		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name The Committee for Blasdel			
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼		
State: District:	Transaction ID: SB29.4596		

C.

SUBTOTAL of Receipts This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	7000.00