

**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** CITY STATE ZIP CODE

C00336834

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

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)
 X January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 11 26 2002 through 12 31 2002

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 01 15 2003

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

FEC FORM 3X
(Revised 1/2001)

**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: ¹¹ ¹¹ ²⁶ ²⁰⁰² To: ¹² ³¹ ²⁰⁰²

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ²⁰⁰²		4625.63
(b) Cash on Hand at Beginning of Reporting Period	3668.34	
(c) Total Receipts (from Line 19)	1684.38	21848.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5352.72	26473.86
7. Total Disbursements (from Line 30)	504.50	21625.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4848.22	4848.22
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 800-424-9530
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: ^{MM}11 ^{DD}26 ^{YYYY}2002 To: ^{MM}12 ^{DD}31 ^{YYYY}2002

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)	1668.00	
(ii) Unitemized	14.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1682.00	21836.00
(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)	1682.00	21836.00
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.38	12.23
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)	1684.38	21848.23
20. Total Federal Receipts (subtract Line 18 from Line 19)	1684.38	21848.23

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.....	4.50	54.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4.50	54.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	600.00
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.....	500.00	20971.64
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	504.50	21625.64
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	504.50	21625.64
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	1682.00	21836.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	1682.00	21836.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	4.50	54.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	4.50	54.00

**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 / 19	
	<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 Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1390 Picardae Court 12 / 31 / 2002
City State Zip Code
Powell OH 43065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00
Name of Employer Occupation Payroll Deduction \$50 bi-weekly
Motorists Mutual Insurance Company Chairman, President and CEO
Receipt For: Aggregate Year-to-Date ▼
Primary General 1300.00
Other (specify) ▼

Transaction ID: SA11A1.5101

B. Duane Cable Date of Receipt
Mailing Address N M / D E / Y Y Y Y
6984 Linbrook Blvd. 12 / 31 / 2002
City State Zip Code
Columbus OH 43235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 30.00
Name of Employer Occupation Payroll Deduction \$15 bi-weekly
Motorists Mutual Insurance Company Manager
Receipt For: Aggregate Year-to-Date ▼
Primary General 390.00
Other (specify) ▼

Transaction ID: SA11A1.5102

C. Thomas Campena Date of Receipt
Mailing Address N M / D E / Y Y Y Y
6436 Meadow Glen N 12 / 31 / 2002
City State Zip Code
Westerville OH 43082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 30.00
Name of Employer Occupation Payroll Deduction \$15 bi-weekly
Motorists Mutual Insurance Company Manager
Receipt For: Aggregate Year-to-Date ▼
Primary General 390.00
Other (specify) ▼

Transaction ID: SA11A1.5103

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**
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 6 / 19	
	<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)
 John Coffman

Mailing Address
 7D42 Tralee Drive

City State Zip Code
 Dublin OH 43017

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 34.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$17 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 442.00

Transaction ID: SA11A1.5104

B. Full Name (Last, First, Middle Initial)
 Thomas Cole

Mailing Address
 410 Canterbury Ct.

City State Zip Code
 Westerville OH 43082

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5105

C. Full Name (Last, First, Middle Initial)
 Kathleen Cooper

Mailing Address
 10544 Smoke Road, SW

City State Zip Code
 Pataskala OH 43062

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5106

SUBTOTAL of Receipts This Page (optional) ▶ **94.00**

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 / 19	
	<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. Daniel Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address: 6323 Cook Road
 City: Powell State: OH Zip Code: 43065
 Date of Receipt: 12 / 31 / 2002
 Amount of Each Receipt this Period: 50.00
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Payroll Deduction \$25 bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00
 Transaction ID: SA11A1.5107

B. Douglas Dodson
 Full Name (Last, First, Middle Initial)
 Mailing Address: 4855 Raven Court
 City: Hilliard State: OH Zip Code: 43026
 Date of Receipt: 12 / 31 / 2002
 Amount of Each Receipt this Period: 30.00
 Name of Employer: Motorists Mutual Insurance Companies Occupation: Manager
 Payroll Deduction \$15 bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
 Transaction ID: SA11A1.5108

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: 12 / 31 / 2002
 Amount of Each Receipt this Period: 50.00
 Name of Employer: Motorists Mutual Insurance Company Occupation: Vice President
 Payroll Deduction \$25 bi-weekly
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
 Transaction ID: SA11A1.5109

SUBTOTAL of Receipts This Page (optional) ▶ **130.00**
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 / 19	
	<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. Michael Finch Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 8857 Chateau Drive 1 2 / 3 1 / 2 0 0 2

City State Zip Code Amount of Each Receipt this Period
 Pickerington OH 43147 30.00

FEC ID number of contributing federal political committee. 30.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager

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

Transaction ID: SA11A1.5110

B. Charles Gaskil Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 1425 Briarmeadow Dr. 1 2 / 3 1 / 2 0 0 2

City State Zip Code Amount of Each Receipt this Period
 Worthington OH 43235 20.00

FEC ID number of contributing federal political committee. 20.00

Name of Employer Occupation Payroll Deduction \$10 bi-weekly
 Motorists Mutual Insurance Company Manager

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

Transaction ID: SA11A1.5111

C. Shaun Gragoire Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 396 Shelby Avenue, East 1 2 / 3 1 / 2 0 0 2

City State Zip Code Amount of Each Receipt this Period
 Powell OH 43065 30.00

FEC ID number of contributing federal political committee. 30.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼ 240.00
 Primary General
 Other (specify) ▼

Transaction ID: SA11A1.5112

SUBTOTAL of Receipts This Page (optional)	80.00
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 / 19	
	<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. Marc Hal Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 5999 Lane Road 12 / 31 / 2002
 City State Zip Code
 Centerburg OH 43011 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 30.00
 Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General 390.00
 Other (specify) ▼

Transaction ID: SA11A1.5113

B. Peter Hitchcock Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 1409 Snowmass Road 12 / 31 / 2002
 City State Zip Code
 Columbus OH 43235 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 30.00
 Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Corporate Actuary
 Receipt For: Aggregate Year-to-Date ▼
 Primary General 390.00
 Other (specify) ▼

Transaction ID: SA11A1.5114

C. Paul Holmquist Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 5199 Owl Creek Drive 12 / 31 / 2002
 City State Zip Code
 Westerville OH 43081 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 30.00
 Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Corporate Counsel
 Receipt For: Aggregate Year-to-Date ▼
 Primary General 390.00
 Other (specify) ▼

Transaction ID: SA11A1.5115

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**
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 10 / 19

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)
Jeffrey Hoover

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Mailing Address
4558 Dirham Court

City State Zip Code
Hilliard OH 43026

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5116

B. Full Name (Last, First, Middle Initial)
Wallace Hysell

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Mailing Address
5838 Coventry Hurst Lane

City State Zip Code
Hilliard OH 43026

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5117

C. Full Name (Last, First, Middle Initial)
Larry Jones

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Mailing Address
8407 Emeric Close

City State Zip Code
Reynoldsburg OH 43068

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Insurance Companies Manager

Payroll Deduction \$10 bi-weekly

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

Transaction ID: SA11A1.5118

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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 11 / 19	
	<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. David Kaufman Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 7925 Greenside Lane 12 / 31 / 2002
 City State Zip Code
 Worthington OH 43235 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 80.00
 Name of Employer Occupation Payroll Deduction \$30 bi-weekly
 Motorists Mutual Insurance Company Sr. Vice President, CIO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 780.00
Transaction ID: SA11A1.5119

B. John Kessler Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 3910 Caswell Road 12 / 31 / 2002
 City State Zip Code
 Johnstown OH 43031 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 40.00
 Name of Employer Occupation Payroll Deduction \$20 bi-weekly
 Motorists Mutual Insurance Company Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
Transaction ID: SA11A1.5120

C. Anne King Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 6934 Roundwood Ct. 12 / 31 / 2002
 City State Zip Code
 Dublin OH 43016 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 30.00
 Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00
Transaction ID: SA11A1.5122

SUBTOTAL of Receipts This Page (optional) ▶ **130.00**
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 12 / 19	
	<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)

Full Name (Last, First, Middle Initial)
A. Teresa King

Mailing Address
 1139 Tidewater Court

City State Zip Code
 Westerville OH 43082

Date of Receipt
 N M / D E / Y Y Y Y
 12 31 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Insurance Companies Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5123

Full Name (Last, First, Middle Initial)
B. Russell Krebs

Mailing Address
 15 Kim Court East

City State Zip Code
 Westerville OH 43081

Date of Receipt
 N M / D E / Y Y Y Y
 12 31 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Insurance Companies Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5125

Full Name (Last, First, Middle Initial)
C. Todd Long

Mailing Address
 1002 Loch Ness Avenue

City State Zip Code
 Worthington OH 43085

Date of Receipt
 N M / D E / Y Y Y Y
 12 31 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5126

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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 13 / 19

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)

Full Name (Last, First, Middle Initial)

A. Orville Lyons, II

Mailing Address

1165 Starbuck Ct.

City

State

Zip Code

Westerville

OH

43081

Date of Receipt

N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period

64.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Mutual Insurance Company

Occupation

Vice President

Payroll Deduction \$27 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Transaction ID: SA11A1.5127

Full Name (Last, First, Middle Initial)

B. Joseph Merkal

Mailing Address

5725 Ballymead Blvd.

City

State

Zip Code

Dublin

OH

43016

Date of Receipt

N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period

30.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Mutual Insurance Company

Occupation

Manager

Payroll Deduction \$15 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Transaction ID: SA11A1.5128

Full Name (Last, First, Middle Initial)

C. Mark Nixon

Mailing Address

662 East Fifth Avenue

City

State

Zip Code

Lancaster

OH

43130

Date of Receipt

N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period

30.00

FEC ID number of contributing
federal political committee.

Name of Employer

Motorists Mutual Insurance Company

Occupation

Manager

Payroll Deduction \$15 bi-
weekly

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Transaction ID: SA11A1.5129

SUBTOTAL of Receipts This Page (optional)

114.00

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 14 / 19

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. Thomas Dgg Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 1D187 Chelton Wood 12 / 31 / 2002

City State Zip Code
 Powell OH 43065 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 80.00

Name of Employer Occupation Payroll Deduction \$40 bi-weekly
 Motorists Mutual Insurance Company Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1040.00

Transaction ID: SA11A1.5130

B. Paul Richards Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 4732 Golf Village Drive 12 / 31 / 2002

City State Zip Code
 Powell OH 43065 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 30.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager

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

Transaction ID: SA11A1.5132

C. Randolph Rudowicz Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 1026 Loch Ness Avenue 12 / 31 / 2002

City State Zip Code
 Worthington OH 43085 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation Payroll Deduction \$25 bi-weekly
 Motorists Mutual Insurance Company Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Transaction ID: SA11A1.5133

SUBTOTAL of Receipts This Page (optional) **160.00**

TOTAL This Period (last page this line number only) **160.00**

**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 15 / 19	
	<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)

Full Name (Last, First, Middle Initial)
A. Tamara Ruscak

Mailing Address
 6B18 Cooks Hill Road

City State Zip Code
 Glenford OH 43739

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Transaction ID: SA11A1.5134

Full Name (Last, First, Middle Initial)
B. 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
 12 / 31 / 2002

Amount of Each Receipt this Period
 50.00

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Transaction ID: SA11A1.5135

Full Name (Last, First, Middle Initial)
C. Ralph Smithers, Jr.

Mailing Address
 4319 Portobello Drive

City State Zip Code
 Gahanna OH 43230

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Manager

Payroll Deduction \$15 bi-weekly

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

Transaction ID: SA11A1.5137

SUBTOTAL of Receipts This Page (optional) ▶ **110.00**

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: PAGE 16 / 19

(check only one)

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)

Full Name (Last, First, Middle Initial)
A. 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
12 / 31 / 2002

Amount of Each Receipt this Period
60.00

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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.5138

Full Name (Last, First, Middle Initial)
B. Duane Swartz

Mailing Address
1505 Clubview Blvd., S.

City State Zip Code
Columbus OH 43235

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Senior Vice President

Payroll Deduction \$30 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 780.00

Transaction ID: SA11A1.5139

Full Name (Last, First, Middle Initial)
C. James Vermillion

Mailing Address
919 Byron Avenue

City State Zip Code
Columbus OH 43227

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Motorists Mutual Insurance Company Vice President

Payroll Deduction \$35 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 910.00

Transaction ID: SA11A1.5140

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**

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 17 / 19	
	<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)
 Richard Wilson

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Mailing Address
 3249 Scioto Run Blvd.

City State Zip Code
 Hilliard OH 43026

Amount of Each Receipt this Period
 50.00

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Transaction ID: SA11A1.5141

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

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Mailing Address
 7105 Lakebrook Blvd.

City State Zip Code
 Columbus OH 43235

Amount of Each Receipt this Period
 40.00

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

Transaction ID: SA11A1.5142

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

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 31 / 2002

Mailing Address
 1229 Smiley Court

City State Zip Code
 Westerville OH 43081

Amount of Each Receipt this Period
 60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Motorists Mutual Insurance Company Vice President

Payroll Deduction \$30 bi-weekly

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 780.00

Transaction ID: SA11A1.5143

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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 18 / 19
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Charles Williams Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 8D Barleycorn Drive 12 / 31 / 2002

City State Zip Code Amount of Each Receipt this Period
 Sunbury OH 43074 30.00

FEC ID number of contributing federal political committee. 30.00

Name of Employer Occupation Payroll Deduction \$15 bi-weekly
 Motorists Mutual Insurance Company Manager

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

Transaction ID: SA11A1.5144

B. Michael Wiseman Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 8D Timbarknoll Loop 12 / 31 / 2002

City State Zip Code Amount of Each Receipt this Period
 Powell OH 43065 70.00

FEC ID number of contributing federal political committee. 70.00

Name of Employer Occupation Payroll Deduction \$35 bi-weekly
 Motorists Mutual Insurance Company Treasurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General 910.00
 Other (specify) ▼

Transaction ID: SA11A1.5145

C.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	1668.00

**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 19 / 19

<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. Ohioans for Fair and Independent Judges

Mailing Address

172 East State Street

Suite 515

City

State

Zip Code

Columbus

OH

43215

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Office Sought:

House

Disbursement For:

2003

Senate

Primary

General

President

Other (specify) ▼

State:

District:

Date of Disbursement

12 / 10 / 2002

Amount of Each Disbursement this Period

500.00

Transaction ID: SB29.5098

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00