

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY 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 ▲  
**C 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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2023 through  /  /  2023

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 **Howat, James, Christopher, ,**

Signature of Treasurer **Howat, James, Christopher, ,** Date  /  /  2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="26050.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44088.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="31095.00"/>	<input type="text" value="50375.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="75183.06"/>	<input type="text" value="76425.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45650.00"/>	<input type="text" value="46892.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29533.06"/>	<input type="text" value="29533.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Report Covering the Period: From:  /  /  To:  /  /

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).....	30975.00	47135.00
(ii) Unitemized .....	65.00	3185.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31040.00	50320.00
(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) .....	31040.00	50320.00
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).....	55.00	55.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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)).....▶	31095.00	50375.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31095.00	50375.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	242.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	242.00
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	45650.00	46650.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	45650.00	46892.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45650.00	46650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31040.00	50320.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31040.00	50320.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	55.00	55.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 55.00	- 55.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<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	

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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

**A. Agan, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5658 Tynecastle Loop  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) President MLIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5113**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 bi-weekly payroll

**B. Becker, Todd, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 S Columbia St  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Regional Vice President, CL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5127**  
 Amount of Each Receipt this Period 675.00  
 Memo Item  
 bi-weekly payroll

**C. Becker, William, Marston, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 Locha Drive  
 City Jupiter State FL Zip Code 33458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Mutual Insurance Group Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5079**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 quarterly board contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1695.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Begley, Jolie, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2645 McVey Blvd West			<b>Transaction ID : SA11AI.5107</b>
City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item bi-weekly payroll
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP Infrastructure Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Benintendi, Jeff, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 5658 Tynecastle Loop			<b>Transaction ID : SA11AI.5104</b>
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 1950.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item bi-weekly payroll
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3850.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Binau, Ryan, G, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2979 Plymouth Ct			<b>Transaction ID : SA11AI.5116</b>
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 130.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item bi-weekly payroll
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP and Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

**A. Bishop, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 North Bahama Avenue  
 City Marco Island State FL Zip Code 34145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Mutual Insurance Group Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5077**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 quarterly board contributions

**B. Campbell, Grady, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5760 Whispering Trail  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Sr. VP Marketing Services & PL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5099**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 bi-weekly payroll

**C. Carr, Shannon, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7833 Cherokee Springs Way  
 City Knoxville State TN Zip Code 37919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Crop Occupation (for Individual) Regional VP, Commercial Lines  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5132**  
 Amount of Each Receipt this Period 675.00  
 Memo Item  
 bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Craig, Camille, , Mrs.,</b>			Date of Receipt
Mailing Address 4282 Hunts Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Gahanna	State OH	Zip Code 43230	<b>Transaction ID : SA11AI.5092</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer (for Individual) Motorists Life Ins. Co.		Occupation (for Individual) Assistant Vice President Life Adm.	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Craig, Kevin, Joseph, ,</b>			Date of Receipt
Mailing Address 34 Chestnut Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Huntington	State WV	Zip Code 25705	<b>Transaction ID : SA11AI.5081</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	<input type="checkbox"/> Memo Item quarterly board contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eppley, Jason, M, ,</b>			Date of Receipt
Mailing Address 7918 Brianna Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Blacklick	State OH	Zip Code 43003	<b>Transaction ID : SA11AI.5101</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) Underwriting Strategist	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1390.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 26  
(check only one)

<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Fallen, Hope, , ,**

Mailing Address 2642 Blue Lick Rd.

City Winfield	State WV	Zip Code 25213
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encova Service Corp	Occupation (for Individual) AVP
----------------------------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11AI.5100**

Amount of Each Receipt this Period  
725.00

Memo Item  
bi-weekly payroll

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Fee, Jeffrey, , ,**

Mailing Address 537 Courtright Court

City Pickerington	State OH	Zip Code 43147
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encova Service Corp	Occupation (for Individual) SVP Strategic Business Administration
----------------------------------------------------------	----------------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11AI.5102**

Amount of Each Receipt this Period  
195.00

Memo Item  
bi-weekly payroll

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Feldner, Cynthia, , ,**

Mailing Address 5367 Stotlz Ave

City Groveport	State OH	Zip Code 43125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encova Service Corp	Occupation (for Individual) Accountant
----------------------------------------------------------	-------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

**Transaction ID : SA11AI.5095**

Amount of Each Receipt this Period  
195.00

Memo Item  
bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Flaherty, Thomas, , ,</b>			Date of Receipt
Mailing Address 109 Capital St. Suite 1100			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Charleston	State WV	Zip Code 25301	<b>Transaction ID : SA11AI.5078</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	<input type="checkbox"/> Memo Item quarterly board contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fullenkamp, Joseph, , ,</b>			Date of Receipt
Mailing Address 3123 Summit Street			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Columbus	State OH	Zip Code 43202	<b>Transaction ID : SA11AI.5105</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP Underwriting	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gandee, Steve, , ,</b>			Date of Receipt
Mailing Address 96 Pleasant Colony Dr			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Evans	State WV	Zip Code 25241	<b>Transaction ID : SA11AI.5117</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP and Business Director	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="890.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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	

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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gilmore, Amy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 3500 Leap Rd.			<b>Transaction ID : SA11AI.5089</b>
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item bi-weekly payroll
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Goodwine, Sharon, Armstrong, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 13510 Long Common Parkway			<b>Transaction ID : SA11AI.5083</b>
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item quarterly board contributions
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Griffin, Archie, M., ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 6845 Temperance Point Place			<b>Transaction ID : SA11AI.5082</b>
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item quarterly board contributions
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Guanciale, Dino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4819 St. Andrews Circle  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins Co. Occupation (for Individual) Asst. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5098**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 bi-weekly payroll

**B. Hall, Marc, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5999 Lane Road  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Actuarial and Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5156**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 bi-weekly payroll

**C. Henderson, Thomas, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9725 Wagonwood Drive  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Claims Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5103**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Howat, James, Christopher, ,**

Mailing Address 250 Daniel Burnham Sq Unit 504

City Columbus    State OH    Zip Code 43215

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

Name of Employer (for Individual) Motorists Insurance    Occupation (for Individual) EVP

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5093**

Amount of Each Receipt this Period 650.00

Memo Item  
 bi-weekly payroll

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Jeffers, Dan, E., Mr.,**

Mailing Address 6401 Rossmore Lane

City Canal Winchester    State OH    Zip Code 43110

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

Name of Employer (for Individual) Motorists Mutual Ins Company    Occupation (for Individual) Assist. V. P.

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5097**

Amount of Each Receipt this Period 195.00

Memo Item  
 bi-weekly payroll

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Kessler, John C., , ,**

Mailing Address 3910 Caswell Road

City Johnstown    State OH    Zip Code 43031

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

Name of Employer (for Individual) Motorists Mutual Ins. Co.    Occupation (for Individual) VP and CIO

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5106**

Amount of Each Receipt this Period 875.00

Memo Item  
 bi-weekly payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1720.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. King, Teresa M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 Tidewater Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1915.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5120**  
 Amount of Each Receipt this Period 975.00  
 Memo Item  
 bi-weekly payroll

**B. Lucas, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5793 Edgebrook Dr.  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Senior VP & CL Chief U/W Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5129**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 bi-weekly payroll

**C. Mabe, Katherine, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1723 Venezia Way  
 City Naples State FL Zip Code 34105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Mutual Insurance Group Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5084**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 quarterly board contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 16 OF 26
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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

A. Marshall, Brandon, , ,
Mailing Address 74 Cassidy Dr.
City Winfield State WV Zip Code 25213
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.5091
Amount of Each Receipt this Period 925.00
Memo Item
bi-weekly payroll

B. McGee, Bill, , ,
Mailing Address 48 E. Frankfort St.
City Columbus State OH Zip Code 43206
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Motorists Insurance Occupation (for Individual) SVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1915.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.5090
Amount of Each Receipt this Period 975.00
Memo Item
bi-weekly payroll

C. Moore, Marchelle, , ,
Mailing Address 2717 Gatewood Rd.
City Columbus State OH Zip Code 43219
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Motorists Mutual Insurance Co Occupation (for Individual) Chief Legal Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.5110
Amount of Each Receipt this Period 730.00
Memo Item
bi-weekly payroll

SUBTOTAL of Receipts This Page (optional) 2630.00
TOTAL This Period (last page this line number only)



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Myles, Leslie, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA11AI.5108</b>		
Mailing Address 11176 Coontz Rd			Amount of Each Receipt this Period 195.00		
City Orient	State OH	Zip Code 43146	<input type="checkbox"/> Memo Item bi-weekly payroll		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP and Business Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Obrokta, TJ, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA11AI.5121</b>		
Mailing Address 8810 Ventura Way			Amount of Each Receipt this Period 3250.00		
City Dublin	State OH	Zip Code 43016	<input type="checkbox"/> Memo Item bi-weekly payroll		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Motorists Insurance Group		Occupation (for Individual) President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6375.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Peacock, Mark, , Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA11AI.5111</b>		
Mailing Address 4460 Swenson Street			Amount of Each Receipt this Period 1300.00		
City Hilliard	State OH	Zip Code 43026	<input type="checkbox"/> Memo Item bi-weekly payroll		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) SVP Chief Human Resources Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2515.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4745.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 26  
(check only one)

<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

**A. Puchala, Damian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Olenview Circle

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) Assist. V. P.
--------------------------------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
12 / 31 / 2023  
**Transaction ID : SA11AI.5096**

Amount of Each Receipt this Period  
195.00

Memo Item  
bi-weekly payroll

**B. Roberts, Stephen, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1326 Morningside Drive

City Charleston	State WV	Zip Code 25314
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Encova Mutual Insurance Group	Occupation (for Individual) Board of Directors
--------------------------------------------------------------------	---------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2023  
**Transaction ID : SA11AI.5085**

Amount of Each Receipt this Period  
500.00

Memo Item  
quarterly board contributions

**C. Rudowicz, Randolph A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1026 Loch Ness Avenue

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP Planning Prod & Svs
--------------------------------------------------------------------	-------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
12 / 31 / 2023  
**Transaction ID : SA11AI.5115**

Amount of Each Receipt this Period  
325.00

Memo Item  
bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1020.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Smith, Robert, C., Mr.,</b>			Date of Receipt
Mailing Address 29270 Hampshire Place			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Westlake	State OH	Zip Code 44145	<b>Transaction ID : SA11AI.5086</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) Director	<input type="checkbox"/> Memo Item quarterly board contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Smithers, Ralph W., , , Jr.</b>			Date of Receipt
Mailing Address 6418 Summers Nook Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City New Albany	State OH	Zip Code 43054	<b>Transaction ID : SA11AI.5114</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="195.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Company		Occupation (for Individual) VP MAX Service	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Walz, Chris, , ,</b>			Date of Receipt
Mailing Address PO Box 832			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Hurricane	State WV	Zip Code 25526	<b>Transaction ID : SA11AI.5125</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="260.00"/>
Name of Employer (for Individual) Brickstreet Insurance		Occupation (for Individual) AVP	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1455.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<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)  
**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

**A. White, Steven, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 John H. McConnell Blvd.  
 Unit 203  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Mutual Insurance Group Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5080**  
 Amount of Each Receipt this Period 2750.00  
 Memo Item  
 quarterly board contributions

**B. Wieland, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Mill Street  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) AVP Enterprise Architecture  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5119**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 bi-weekly payroll

**C. Wilcox, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 Daniel Burnham Sq Unit 308  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3080.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.5112**  
 Amount of Each Receipt this Period 1560.00  
 Memo Item  
 bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4505.00
<b>TOTAL</b> This Period (last page this line number only).....	30975.00

**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"/> 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)

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Lampton**

Mailing Address 1326 Parkway Court

City Beavercreek State OH Zip Code 45432

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 73

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2023			

FEC Identification Number

C

Transaction ID : SB29.5147

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Allison Russo**

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2023			

FEC Identification Number

C

Transaction ID : SB29.5145

Amount of Each Disbursement this Period

500.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Ryan White for Judge**

Mailing Address 1592 Quarrier Street

City Charleston State WV Zip Code 25301

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WV District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2023			

FEC Identification Number

C

Transaction ID : SB29.5133

Amount of Each Disbursement this Period

2800.00
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Memo Item

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

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

4300.00
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**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"/> 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)

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name (Last, First, Middle Initial)

**A. Friends of Bride Rose Sweeney**

Mailing Address 23993 Fairlawn Dr.

City  
North Olmsted

State  
OH

Zip Code  
44070

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB29.5142**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dontavius Jarrells**

Mailing Address 222 E. Town Street, Suite 2W

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB29.5138**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of George Lang**

Mailing Address 7727 Foxboro Drive

City  
West Chester

State  
OH

Zip Code  
45069

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB29.5148**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1750.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name (Last, First, Middle Initial)

**A. Friends of Tavia Galonski**

Mailing Address 1137 Allendale Ave.

City  
Akron

State  
OH

Zip Code  
44306

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 33

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2023			

FEC Identification Number

C

Transaction ID : SB29.5140

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends to Elect Jessica Miranda**

Mailing Address 545 E Town Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 28

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2023			

FEC Identification Number

C

Transaction ID : SB29.5139

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends to Elect Terrence Upchurch**

Mailing Address 545 E Town Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 20

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2023			

FEC Identification Number

C

Transaction ID : SB29.5143

Amount of Each Disbursement this Period

250.00

Memo Item

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

1250.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name (Last, First, Middle Initial)

**A. Klein Committee**

Mailing Address 545 E Town St

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	3

FEC Identification Number

C

**Transaction ID : SB29.5152**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Larry Pack for West Virginia Treasurer**

Mailing Address 2146 Presidential Drive

City  
Charleston

State  
WV

Zip Code  
25314

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: WV District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	2	3

FEC Identification Number

C

**Transaction ID : SB29.5134**

Amount of Each Disbursement this Period

2800.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephens for Ohio**

Mailing Address 4679 Wintersesst Drive

City  
Columbus

State  
OH

Zip Code  
43220

Purpose of Disbursement

Campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 93

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	2	3

FEC Identification Number

C

**Transaction ID : SB29.5149**

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

13800.00

**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"/> 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)

**ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)**

Full Name (Last, First, Middle Initial)

**A. Stewart for Ohio Supreme Court**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2023

Mailing Address 2 Bratenahl Place  
Apt 15A

City Cleveland State OH Zip Code 44108

Purpose of Disbursement

Campaign contribution

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB29.5137

Amount of Each Disbursement this Period

3000.00

Memo Item

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. The Committee to Elect J.B. McCuskey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Mailing Address P.O. Box 11359

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB29.5136

Amount of Each Disbursement this Period

2800.00

Memo Item

Office Sought:  House  Senate  President  
State: WV District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Tim Barhorst for Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2023

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Campaign contribution

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB29.5146

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought:  House  Senate  President  
State: OH District: 85

Disbursement For:  Primary  General  Other (specify) ▼

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

6800.00

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

45650.00