

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

2. FEC IDENTIFICATION NUMBER C C00336834 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] October 15 Quarterly Report (Q3) (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 07 / 01 / 2022 through 09 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Moore, Marchelle, , , Type or Print Name of Treasurer

Signature of Treasurer Moore, Marchelle, , , [Electronically Filed] Date 10 / 03 / 2022

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="2022"/>		39582.30
(b) Cash on Hand at Beginning of Reporting Period.....	30839.06	
(c) Total Receipts (from Line 19)	7970.00	23610.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38809.06	63192.30
7. Total Disbursements (from Line 31).....	1078.00	25461.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37731.06	37731.06
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

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).....	7760.00	18945.00
(ii) Unitemized	210.00	4665.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7970.00	23610.00
(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)	7970.00	23610.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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)).....▶	7970.00	23610.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7970.00	23610.00

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	0.00
(b) Other Federal Operating Expenditures	78.00	247.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	78.00	247.00
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).....	1000.00	25214.24
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)) ..	1078.00	25461.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1078.00	25461.24

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7970.00	23610.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7970.00	23610.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	78.00	247.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	78.00	247.00

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 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	

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 ▼ 800.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4826
 Amount of Each Receipt this Period 280.00
 Memo Item
 \$40.00 bi-weekly payroll contribution

B. Begley, Jolie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 McVey Blvd West
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Infrastructure Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4820
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

C. Benintendi, Jeff, , ,
 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) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4817
 Amount of Each Receipt this Period 700.00
 Memo Item
 \$100.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
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 7 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

A. 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4812
 Amount of Each Receipt this Period 350.00
 Memo Item
 \$50.00 bi-weekly payroll contribution

B. Craig, Camille, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4282 Hunts Drive
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Life Ins. Co. Occupation (for Individual) Assistant Vice President Life Adm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4805
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

C. Eppley, Jason, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Underwriting Strategist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4814
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	560.00
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 8 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

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

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period
175.00

Memo Item
\$25.00 bi-weekly payroll contribution

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

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period
105.00

Memo Item
\$15.00 bi-weekly payroll contribution

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

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period
105.00

Memo Item
\$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	385.00
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 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Flaherty, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Capital St. Suite 1100
 City Charleston State WV Zip Code 25301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Board of Directors Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2022
Transaction ID : SA11AI.4835
 Amount of Each Receipt this Period 250.00
 Memo Item
 BOD Contribution

B. Fullenkamp, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4818
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

C. Gandee, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Pleasant Colony Dr
 City Evans State WV Zip Code 25241
 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4830
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	460.00
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 10 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gilmore, Amy, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2022
Mailing Address 3500 Leap Rd.			Transaction ID : SA11AI.4802
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00 bi-weekly payroll contribution
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 ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffin, Archie, , ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2022
Mailing Address 6845 Temperance Point Place			Transaction ID : SA11AI.4837
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item BOD Contribution
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Guanciale, Dino, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2022
Mailing Address 4819 St. Andrews Circle			Transaction ID : SA11AI.4811
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00 bi-weekly payroll contribution
Name of Employer (for Individual) Motorists Mutual Ins Co.		Occupation (for Individual) Asst. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	530.00
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 11 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

A. 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 ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4816
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

B. Howat, James, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4806
 Amount of Each Receipt this Period 350.00
 Memo Item
 \$50.00 bi-weekly payroll contribution

C. Jeffers, Dan, E., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4810
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	560.00
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 12 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kaufman, David L., , ,			Date of Receipt
Mailing Address 7925 Greenside Lane			<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2022"/>
City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.4838
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) Motorists Mutual Ins Co		Occupation (for Individual) Executive VP & COO	<input type="checkbox"/> Memo Item BOD Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kessler, John C., , ,			Date of Receipt
Mailing Address 3910 Caswell Road			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.4819
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="140.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) VP and CIO	<input type="checkbox"/> Memo Item \$20.00 bi-weekly payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. King, Teresa M., , ,			Date of Receipt
Mailing Address 1139 Tidewater Court			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.4833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="280.00"/>
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) Assist. V. P.	<input type="checkbox"/> Memo Item \$40.00 bi-weekly payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="920.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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 19
	<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)

A. Marshall, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4804
 Amount of Each Receipt this Period 175.00
 Memo Item
 \$25.00 bi-weekly payroll contribution

B. McGee, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 800.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4803
 Amount of Each Receipt this Period 280.00
 Memo Item
 \$40.00 bi-weekly payroll contribution

C. Moore, Marchelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 800.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4823
 Amount of Each Receipt this Period 280.00
 Memo Item
 \$40.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	735.00
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 14 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

A. Myles, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11176 Coontz Rd
 City Orient State OH Zip Code 43146
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4821
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

B. Obrokta, TJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Ventura Way
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4834
 Amount of Each Receipt this Period 875.00
 Memo Item
 \$125.00 bi-weekly payroll contribution

C. Peacock, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 Swenson Street
 City Hilliard State OH Zip Code 43026
 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4824
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	1085.00
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 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)
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
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
105.00

Memo Item
\$15.00 bi-weekly payroll contribution

B. 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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period
175.00

Memo Item
\$25.00 bi-weekly payroll contribution

C. Smithers, Ralph W., , , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6418 Summers Nook Drive

City New Albany	State OH	Zip Code 43054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Motorists Mutual Ins. Company	Occupation (for Individual) VP MAX Service
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period
105.00

Memo Item
\$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	385.00
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 16 OF 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)
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

A. Walz, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 832
 City Hurricane State WV Zip Code 25526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brickstreet Insurance Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4807
 Amount of Each Receipt this Period 140.00
 Memo Item
 \$20.00 bi-weekly payroll contribution

B. White, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Chappell Rd.
 City Charleston State WV Zip Code 25304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Insurance Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2022
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period 250.00
 Memo Item
 BOD Contribution

C. 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 ▼ 300.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.4832
 Amount of Each Receipt this Period 105.00
 Memo Item
 \$15.00 bi-weekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	495.00
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: PAGE 17 OF 19
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Matt, , ,

Mailing Address **250 Daniel Burnham Sq Unit 308**

City Columbus	State OH	Zip Code 43215
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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 ▼
1600.00

Date of Receipt
09 / 30 / 2022

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
560.00

Memo Item
\$80.00 bi-weekly payroll contribution

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	7760.00

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)

A. LaRe for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Campaign Contribution

Candidate Name LaRe for Ohio

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: OH District: 77

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB29.4798

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00