

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 ▼** C00336834 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of OH

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2022 through M M / D D / Y Y Y Y Y Y 11 / 28 / 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 M M / D D / Y Y Y Y Y Y 12 / 01 / 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)

Page 2

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.....	37652.06	
(c) Total Receipts (from Line 19)	6130.00	30700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43782.06	70282.30
7. Total Disbursements (from Line 31).....	15026.00	41526.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28756.06	28756.06
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).....	6115.00	25975.00
(ii) Unitemized	15.00	4725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6130.00	30700.00
(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)	6130.00	30700.00
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)).....▶	6130.00	30700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6130.00	30700.00

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.....	26.00	26.00
(b) Other Federal Operating Expenditures	0.00	286.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26.00	312.00
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).....	15000.00	41214.24
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)) ..	15026.00	41526.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	41500.24

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)	6130.00	30700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6130.00	30700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	286.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	286.00

**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 25
<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 A. Agan, Michael, J., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022
Mailing Address 5658 Tynecastle Loop			Transaction ID : SA11AI.4932
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$40.00 biweekly payroll contribution
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) President MLC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Begley, Jolie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022
Mailing Address 2645 McVey Blvd West			Transaction ID : SA11AI.4926
City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00 biweekly payroll contribution
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 ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Benintendi, Jeff, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022
Mailing Address 5658 Tynecastle Loop			Transaction ID : SA11AI.4923
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00 biweekly payroll contribution
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 ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....	465.00
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 25
<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. Binau, Ryan, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2979 Plymouth Ct
 City Powell State OH Zip Code 43065
 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 ▼ 240.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4935
 Amount of Each Receipt this Period 30.00
 Memo Item
 \$10 biweekly payroll contribution

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 ▼ 1200.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4918
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00 biweekly payroll contribution

C. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
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 25
	<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 A. Craig, Craig, D, ,			Date of Receipt MM / DD / YYYY 11 / 08 / 2022
Mailing Address 4282 Hunts Drive			Transaction ID : SA11AI.4906
City Gahanna	State OH	Zip Code 43230	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP Life Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eppley, Jason, M, ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2022
Mailing Address 7918 Brianna Drive			Transaction ID : SA11AI.4920
City Blacklick	State OH	Zip Code 43003	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00 biweekly payroll contribution
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) Underwriting Strategist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fallen, Hope, , ,			Date of Receipt MM / DD / YYYY 11 / 21 / 2022
Mailing Address 2642 Blue Lick Rd.			Transaction ID : SA11AI.4919
City Winfield	State WV	Zip Code 25213	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00 biweekly payroll contribution
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1120.00
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 25
<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. 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
 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

B. 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
 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4914
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

C. 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 ▼ 1000.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11AI.4902
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	340.00
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 25
	<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. Fullenkamp, Joseph, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022		
Mailing Address 3123 Summit Street			Transaction ID : SA11AI.4924		
City Columbus	State OH	Zip Code 43202	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00 biweekly payroll contribution		
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP Underwriting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gandee, Steve, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022		
Mailing Address 96 Pleasant Colony Dr			Transaction ID : SA11AI.4936		
City Evans	State WV	Zip Code 25241	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00 biweekly payroll contribution		
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 ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gilmore, Amy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2022		
Mailing Address 3500 Leap Rd.			Transaction ID : SA11AI.4908		
City Hilliard	State OH	Zip Code 43026	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00 biweekly 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 ▼ 600.00			

SUBTOTAL of Receipts This Page (optional).....	165.00
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 25
<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. Griffin, Archie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 Temperance Point Place
 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) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11AI.4904
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4917
 Amount of Each Receipt this Period 45.00
 Memo Item \$15.00 biweekly payroll contribution

C. 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) Motorists Mutual Ins. Company Occupation (for Individual) Assist. V. P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4928
 Amount of Each Receipt this Period 45.00
 Memo Item \$15.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	340.00
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 25
<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. Harbrecht, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Keswick Commons
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11AI.4905
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4922
 Amount of Each Receipt this Period 45.00
 Memo Item \$15.00 biweekly payroll contribution

C. 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 ▼ 1200.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4912
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	1195.00
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 13 OF 25
	<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. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4916
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

B. Kaufman, David L., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7925 Greenside Lane
 City Worthington State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins Co Occupation (for Individual) Executive VP & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11AI.4907
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Kessler, John C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 480.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4925
 Amount of Each Receipt this Period 60.00
 Memo Item
 \$20.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	605.00
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 25
	<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. 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 ▼ 920.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4939
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$40.00 biweekly payroll contribution

B. 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 ▼ 600.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4910
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25.00 biweekly payroll contribution

C. 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 ▼ 960.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4909
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$40.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	315.00
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 25
	<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. 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 ▼ 960.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4929
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$40.00 biweekly payroll contribution

B. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4927
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

C. 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 ▼ 3000.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4940
 Amount of Each Receipt this Period 375.00
 Memo Item
 \$125.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....	540.00
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 25
	<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. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4930
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

B. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

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 ▼ 600.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4934
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25.00 biweekly payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 25
<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Motorists Mutual Ins. Company Occupation (for Individual) VP MAX Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4933
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

B. 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 ▼ 480.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4913
 Amount of Each Receipt this Period 60.00
 Memo Item
 \$20.00 biweekly payroll contribution

C. 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 ▼ 1000.00

Date of Receipt 11 / 08 / 2022
Transaction ID : SA11AI.4903
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	355.00
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 18 OF 25
	<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. 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 ▼ 360.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4938
 Amount of Each Receipt this Period 45.00
 Memo Item
 \$15.00 biweekly payroll contribution

B. 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 ▼ 1920.00

Date of Receipt 11 / 21 / 2022
Transaction ID : SA11AI.4931
 Amount of Each Receipt this Period 240.00
 Memo Item
 \$80.00 biweekly payroll contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 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).....	285.00
TOTAL This Period (last page this line number only).....	6115.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 19 OF 25	
<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. Committee to Elect Bill Anderson		Date of Disbursement																					
Mailing Address 1011 Highland Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>21</td><td></td><td></td><td>2022</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			21			2022			
M	M	/	D	D	/	Y	Y	Y	Y														
10			21			2022																	
City Williamstown	State WV	Zip Code 26187	FEC Identification Number																				
Purpose of Disbursement Campaign Contribution		Category/ Type	C																				
Candidate Name			Transaction ID : SB29.4950																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period																				
State: WV District: 08			250.00																				
			<input type="checkbox"/> Memo Item																				

Full Name (Last, First, Middle Initial) B. Committee to Elect Brandon Steele		Date of Disbursement																					
Mailing Address 407 Millstone Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>21</td><td></td><td></td><td>2022</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			21			2022			
M	M	/	D	D	/	Y	Y	Y	Y														
10			21			2022																	
City Beckley	State WV	Zip Code 25801	FEC Identification Number																				
Purpose of Disbursement Campaign Contribution		Category/ Type	C																				
Candidate Name			Transaction ID : SB29.4954																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period																				
State: WV District: 29			500.00																				
			<input type="checkbox"/> Memo Item																				

Full Name (Last, First, Middle Initial) C. Committee to Elect Charles Clements		Date of Disbursement																					
Mailing Address 242 E. Thistle Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>21</td><td></td><td></td><td>2022</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			21			2022			
M	M	/	D	D	/	Y	Y	Y	Y														
10			21			2022																	
City New Martinsville	State WV	Zip Code 26155	FEC Identification Number																				
Purpose of Disbursement Campaign Contribution		Category/ Type	C																				
Candidate Name			Transaction ID : SB29.4961																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period																				
State: WV District: 02			500.00																				
			<input type="checkbox"/> 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. Committee to Elect Clay Riley

Mailing Address 66 Spring Haven Trl

City Shinnston State WV Zip Code 26431

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: WV District: 48

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2022

FEC Identification Number

C
Transaction ID : SB29.4965
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Erika Storch

Mailing Address 5 Edgewood St

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: WV District: 03

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2022

FEC Identification Number

C
Transaction ID : SB29.4964
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Evan Worrell

Mailing Address 652 Main St

City Barboursville State WV Zip Code 25504

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: WV District: 18

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2022

FEC Identification Number

C
Transaction ID : SB29.4946
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)

A. Committee to Elect Jason Barrett

Full Name (Last, First, Middle Initial)

Mailing Address 1125 W. King St.

City Martinsburg State WV Zip Code 25401

Purpose of Disbursement Campaign Contribution

Candidate Name

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

State: WV District: 61

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4959

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Committee to Elect Joe Statler

Full Name (Last, First, Middle Initial)

Mailing Address 97 Long Drain Rd

City Core State WV Zip Code 26541

Purpose of Disbursement Campaign Contribution

Candidate Name

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

State: WV District: 51

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4951

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Committee to Elect John Hardy

Full Name (Last, First, Middle Initial)

Mailing Address 182 Mandela Rd

City Shepherdstown State WV Zip Code 25443

Purpose of Disbursement Campaign Contribution

Candidate Name

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

State: WV District: 63

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4952

Amount of Each Disbursement this Period: 500.00

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)

A. Committee to Elect Laura Wakim Chapman

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 903

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WV District: 01

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4962

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Committee to Elect Matt Rohrbach

Full Name (Last, First, Middle Initial)

Mailing Address 25 Kensington Ln

City Huntington State WV Zip Code 25705

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WV District: 17

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4953

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Committee to Elect Mike Azinger

Full Name (Last, First, Middle Initial)

Mailing Address 1007 51st St

City Vienna State WV Zip Code 26105

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WV District: 03

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4958

Amount of Each Disbursement this Period: 2800.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3800.00
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

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 (Last, First, Middle Initial)

A. Committee to Elect Mike Oliverio

Mailing Address 9 Catalpa St

City Morgantown

State WV

Zip Code 26505

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WV District: 13

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4944

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Moore Capito

Mailing Address P.O. Box 2788

City Charleston

State WV

Zip Code 25330

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WV District: 35

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4955

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Roger Hanshaw

Mailing Address 5035 Wallback Rd

City Wallback

State WV

Zip Code 25285

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WV District: 33

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4956

Amount of Each Disbursement this Period

Memo Item

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

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)

A. Committee to Elect Steve Westfall

Full Name (Last, First, Middle Initial)

Mailing Address 117 Timberland Drive

City Ripley State WV Zip Code 25271

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WV District: 12

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4943

Amount of Each Disbursement this Period: 2800.00

Memo Item

B. Committee to Elect Tom Takubo

Full Name (Last, First, Middle Initial)

Mailing Address 101 Bowling Ln

City Charleston State WV Zip Code 25314

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WV District: 17

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4960

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Committee to Elect Vince Deeds

Full Name (Last, First, Middle Initial)

Mailing Address 363 Renick Ln

City Renick State WV Zip Code 24966

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District: 10

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB29.4963

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4300.00
TOTAL This Period (last page this line number only).....▶	15000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.4941** Memo Item

PNC Bank

Mailing Address One Financial Parkway

City Kalamazoo State MI Zip Code 49009

Purpose of Disbursement: Bank Charge

Activity or Event Identifier: **Administrative**

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 26.00

Date: 11 / 01 / 2022

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		26.00		26.00

B. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		26.00		26.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		26.00		26.00