

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 C00336834 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 14 / 2021 through 12 / 31 / 2021

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 01 / 27 / 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**

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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="2021"/>		33289.30
(b) Cash on Hand at Beginning of Reporting Period.....	35559.30	
(c) Total Receipts (from Line 19) .....	9075.00	33635.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44634.30	66924.30
7. Total Disbursements (from Line 31).....	5052.00	27342.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39582.30	39582.30
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	9050.00	26860.00
(ii) Unitemized .....	25.00	6775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9075.00	33635.00
(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) .....	9075.00	33635.00
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)).....▶	9075.00	33635.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9075.00	33635.00

**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 .....	52.00	338.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52.00	338.00
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).....	5000.00	27004.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5052.00	27342.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5052.00	27342.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9075.00	33635.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9075.00	33635.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	52.00	338.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52.00	338.00

**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 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4676**  
 Amount of Each Receipt this Period 200.00  
 Memo Item \$40.00/biweekly

**B. Ashcraft, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1323 Ada Lane  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4660**  
 Amount of Each Receipt this Period 125.00  
 Memo Item \$25.00/biweekly

**C. 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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4670**  
 Amount of Each Receipt this Period 75.00  
 Memo Item \$15.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Benintendi, Jeff, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 5658 Tynecastle Loop			<b>Transaction ID : SA11AI.4667</b>		
City Dublin	State OH	Zip Code 43016	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/biweekly		
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 ▼ 2600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bills, Alissa, R, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 5300 Snider Loop			<b>Transaction ID : SA11AI.4650</b>		
City New Albany	State OH	Zip Code 43054	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$15.00/biweekly		
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) Underwriter			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Binau, Ryan, G, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 2979 Plymouth Ct			<b>Transaction ID : SA11AI.4679</b>		
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$10.00/biweekly		
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP and Business Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Brock, Thomas, J., ,</b>			Date of Receipt
Mailing Address 60 E. Spring St. #326			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Columbus	State OH	Zip Code 43215	<b>Transaction ID : SA11AI.4685</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) Motorists Mutual Ins Co		Occupation (for Individual) Asst. VP	<input type="checkbox"/> Memo Item \$15.00/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Campbell, Grady, , Mr.,</b>			Date of Receipt
Mailing Address 5760 Whispering Trail			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Galena	State OH	Zip Code 43021	<b>Transaction ID : SA11AI.4662</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) Sr. VP Marketing Services & PL	<input type="checkbox"/> Memo Item \$50.00/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Craig, Camille, , Mrs.,</b>			Date of Receipt
Mailing Address 4282 Hunts Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Gahanna	State OH	Zip Code 43230	<b>Transaction ID : SA11AI.4654</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) Motorists Life Ins. Co.		Occupation (for Individual) Assistant Vice President Life Adm.	<input type="checkbox"/> Memo Item \$15.00/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Craig, Kevin, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2021
Mailing Address 34 Chestnut Drive			<b>Transaction ID : SA11AI.4638</b>
City Huntington	State WV	Zip Code 25705	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction	
Name of Employer (for Individual) Encova		Occupation (for Individual) Director	
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>B. Eppley, Jason, M, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 7918 Brianna Drive			<b>Transaction ID : SA11AI.4664</b>
City Blacklick	State OH	Zip Code 43003	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$15.00/biweekly	
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 ▼ 390.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fallen, Hope, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 2642 Blue Lick Rd.			<b>Transaction ID : SA11AI.4663</b>
City Winfield	State WV	Zip Code 25213	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25.00/biweekly	
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 ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
<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
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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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.4665**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.4657**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

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

Name of Employer (for Individual) Encova Board of Directors	Occupation (for Individual) Director
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2021

**Transaction ID : SA11AI.4595**

Amount of Each Receipt this Period  
500.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
<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. 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
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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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.4668**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

**B. 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
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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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.4680**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

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

Mailing Address 3500 Leap Rd.

City Hilliard	State OH	Zip Code 43026
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.4651**

Amount of Each Receipt this Period  
125.00

Memo Item  
\$25.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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 / 09 / 2021  
**Transaction ID : SA11AI.4639**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Payroll Deduction

**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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4661**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 \$15.00/biweekly

**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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4672**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 \$15.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
<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 / 09 / 2021  
**Transaction ID : SA11AI.4637**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Payroll Deduction

**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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4666**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 \$15.00/biweekly

**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 ▼ 1300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4655**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \$50.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
<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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4659**  
 Amount of Each Receipt this Period 75.00  
 Memo Item \$15.00/biweekly

**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 ▼ 1500.00

Date of Receipt 11 / 09 / 2021  
**Transaction ID : SA11AI.4599**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Payroll Deduction

**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 ▼ 520.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4669**  
 Amount of Each Receipt this Period 100.00  
 Memo Item \$20.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. King, Teresa M., , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 1139 Tidewater Court			<b>Transaction ID : SA11AI.4683</b>
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$40.00/biweekly
Name of Employer (for Individual) Motorists Mutual Ins. Co.		Occupation (for Individual) Assist. V. P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Marshall, Brandon, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 74 Cassidy Dr.			<b>Transaction ID : SA11AI.4653</b>
City Winfield	State WV	Zip Code 25213	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/biweekly
Name of Employer (for Individual) Brickstreet Insurance		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McGee, Bill, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 48 E. Frankfort St.			<b>Transaction ID : SA11AI.4652</b>
City Columbus	State OH	Zip Code 43206	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$40.00/biweekly
Name of Employer (for Individual) Motorists Insurance		Occupation (for Individual) SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
<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. 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 ▼ 1040.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4673**  
 Amount of Each Receipt this Period 200.00  
 Memo Item \$40.00/biweekly

**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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4671**  
 Amount of Each Receipt this Period 75.00  
 Memo Item \$15.00/biweekly

**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 ▼ 3175.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4684**  
 Amount of Each Receipt this Period 625.00  
 Memo Item \$125.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<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. 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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.4674**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

**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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.4658**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

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

Mailing Address 1026 Loch Ness Avenue

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.4678**

Amount of Each Receipt this Period  
125.00

Memo Item  
\$25.00/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
	<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. 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
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.4677**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$15.00/biweekly

**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
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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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.4656**

Amount of Each Receipt this Period  
100.00

Memo Item  
\$20.00/biweekly

**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  

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2021

**Transaction ID : SA11AI.4596**

Amount of Each Receipt this Period  
500.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23
	<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 ▼ 390.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4682**  
 Amount of Each Receipt this Period 75.00  
 Memo Item \$15.00/biweekly

**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 ▼ 2080.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.4675**  
 Amount of Each Receipt this Period 400.00  
 Memo Item \$80.00/biweekly

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9050.00

# 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 checked="" 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 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. PNC Bank

Mailing Address One Financial Parkway

City  
Kalamazoo

State  
MI

Zip Code  
49009

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2021			

FEC Identification Number

C [ ]

Transaction ID : SB21B.4647

Amount of Each Disbursement this Period

26.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

### B. PNC Bank

Mailing Address One Financial Parkway

City  
Kalamazoo

State  
MI

Zip Code  
49009

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C [ ]

Transaction ID : SB21B.4646

Amount of Each Disbursement this Period

26.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

### C.

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

--

Memo Item

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

52.00
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**TOTAL** This Period (last page this line number only)..... ▶

52.00
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Boggs for Ohio</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 545 E. Town Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.4633</b> Amount of Each Disbursement this Period [ ] 500.00	
City Columbus	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 18			

Full Name (Last, First, Middle Initial) <b>B. Citizens for Lampton</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 1326 Parkway Court		FEC Identification Number C [ ] <b>Transaction ID : SB29.4626</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Beavercreek	State OH	Zip Code 45432	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 73			

Full Name (Last, First, Middle Initial) <b>C. Citizens for Richard Brown</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 545 E. Town Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.4630</b> Amount of Each Disbursement this Period [ ] 500.00	
City Columbus	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 20			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2000.00
<b>TOTAL</b> 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) <b>A. Friends of Bride Rose Sweeney</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 3632 W. 133rd Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.4631</b> Amount of Each Disbursement this Period [ ] 250.00	
City Cleveland	State OH	Zip Code 44111	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 14			

Full Name (Last, First, Middle Initial) <b>B. Friends of Dontavius Jarrells</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 222 E. Town Street, Suite 2W		FEC Identification Number C [ ] <b>Transaction ID : SB29.4629</b> Amount of Each Disbursement this Period [ ] 500.00	
City Columbus	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 25			

Full Name (Last, First, Middle Initial) <b>C. Friends of George Lang</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 7727 Foxboro Drive		FEC Identification Number C [ ] <b>Transaction ID : SB29.4628</b> Amount of Each Disbursement this Period [ ] 1000.00	
City West Chester	State OH	Zip Code 45069	Category/ Type [ ]
Purpose of Disbursement Campaign Contribution		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: OH District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1750.00
<b>TOTAL</b> 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. Friends of Megan Kilgore**

Full Name (Last, First, Middle Initial)

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement: 11 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB29.4634

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Friends to Elect Jessica Miranda**

Full Name (Last, First, Middle Initial)

Mailing Address 1238 W. Kempter Road

City Cincinnati State OH Zip Code 45240

Purpose of Disbursement Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: OH District: 28

Date of Disbursement: 10 / 26 / 2021

FEC Identification Number: C

Transaction ID : SB29.4632

Amount of Each Disbursement this Period: 250.00

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00