

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
ENCOVA CIVIC FUND (OF THE MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND)

ADDRESS (number and street) **471 E BROAD ST**
Check if different than previously reported. (ACC) **COLUMBUS OH 43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00336834 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11 / 08 / 2022** in the State of **OH**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **10 / 01 / 2022** through **10 / 19 / 2022**

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

Signature of Treasurer Moore, Marchelle, , , [Electronically Filed] Date **10 / 21 / 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.....	37731.06	
(c) Total Receipts (from Line 19)	960.00	24570.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38691.06	64152.30
7. Total Disbursements (from Line 31).....	1039.00	26500.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37652.06	37652.06
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).....	915.00	19860.00
(ii) Unitemized	45.00	4710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	960.00	24570.00
(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)	960.00	24570.00
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)).....▶	960.00	24570.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	960.00	24570.00

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	39.00	286.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39.00	286.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	26214.24
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)) ..	1039.00	26500.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1039.00	26500.24

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)	960.00	24570.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	960.00	24570.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39.00	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)	39.00	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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 ▼ 840.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4868
 Amount of Each Receipt this Period 40.00
 Memo Item payroll contribution

B. Begley, Jolie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2645 McVey Blvd West
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Infrastructure Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

C. Benintendi, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5658 Tynecastle Loop
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4859
 Amount of Each Receipt this Period 100.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼ 210.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4871
 Amount of Each Receipt this Period 10.00
 Memo Item 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 ▼ 1050.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4854
 Amount of Each Receipt this Period 50.00
 Memo Item 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4847
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<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. Eppley, Jason, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7918 Brianna Drive
 City Blacklick State OH Zip Code 43003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Underwriting Strategist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4856
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

B. Fallen, Hope, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2642 Blue Lick Rd.
 City Winfield State WV Zip Code 25213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4855
 Amount of Each Receipt this Period 25.00
 Memo Item payroll contribution

C. 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4857
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 18
<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. 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

B. Fullenkamp, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3123 Summit Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4860
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

C. Gandee, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Pleasant Colony Dr
 City Evans State WV Zip Code 25241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) VP and Business Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4872
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 18
<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. 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
 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 ▼ 525.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4844
 Amount of Each Receipt this Period 25.00
 Memo Item payroll 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4853
 Amount of Each Receipt this Period 15.00
 Memo Item 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 ▼ 210.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4864
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....	55.00
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 18
<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. Henderson, Thomas, J., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2022
Mailing Address 9725 Wagonwood Drive			Transaction ID : SA11AI.4858
City Pickerington	State OH	Zip Code 43147	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item payroll contribution
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) VP Claims Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Howat, James, Christopher, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2022
Mailing Address 250 Daniel Burnham Sq Unit 504			Transaction ID : SA11AI.4848
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item payroll contribution
Name of Employer (for Individual) Motorists Insurance		Occupation (for Individual) EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jeffers, Dan, E., Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2022
Mailing Address 6401 Rossmore Lane			Transaction ID : SA11AI.4852
City Canal Winchester	State OH	Zip Code 43110	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item payroll contribution
Name of Employer (for Individual) Motorists Mutual Ins Company		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 ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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. 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 ▼ 420.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4861
 Amount of Each Receipt this Period 20.00
 Memo Item 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 ▼ 525.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4846
 Amount of Each Receipt this Period 25.00
 Memo Item 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 ▼ 840.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4845
 Amount of Each Receipt this Period 40.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....	85.00
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 18
	<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. 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 ▼ 840.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4865
 Amount of Each Receipt this Period 40.00
 Memo Item 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4863
 Amount of Each Receipt this Period 15.00
 Memo Item 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 ▼ 2625.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4876
 Amount of Each Receipt this Period 125.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<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
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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 Chief Human Resources Officer
----------------------------------------------------------	------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
15.00

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period
15.00

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period
25.00

Memo Item
payroll contribution

SUBTOTAL of Receipts This Page (optional).....	55.00
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 18
	<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
 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 ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4869
 Amount of Each Receipt this Period 15.00
 Memo Item 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 ▼ 420.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4849
 Amount of Each Receipt this Period 20.00
 Memo Item payroll contribution

C. Wieland, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Mill Street
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) AVP Enterprise Architecture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI.4874
 Amount of Each Receipt this Period 15.00
 Memo Item payroll contribution

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 18
(check only one)

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Matt, , ,

Mailing Address 250 Daniel Burnham Sq Unit 308

City Columbus	State OH	Zip Code 43215
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2022

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period
80.00

Memo Item payroll contribution

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	915.00

**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		Date of Disbursement MM / DD / YYYY 10 / 01 / 2022	
Mailing Address One Financial Parkway		FEC Identification Number C []	
City Kalamazoo	State MI	Zip Code 49009	Transaction ID : SB21B.4843 Amount of Each Disbursement this Period [] 39.00
Purpose of Disbursement service charge		Category/Type []	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input 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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/Type []	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input 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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/Type []	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input 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) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 39.00
TOTAL This Period (last page this line number only).....▶	[] 39.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Friends of George Lang			Date of Disbursement MM / DD / YYYY 10 / 11 / 2022	
Mailing Address 7727 Foxboro Drive				
City West Chester		State OH	Zip Code 45069	
Purpose of Disbursement Campaign Contribution			<input type="checkbox"/>	
Candidate Name Friends of George Lang			Category/Type	
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) ▼		
State: OH District: 04		FEC Identification Number C Transaction ID : SB29.4842 Amount of Each Disbursement this Period 1000.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY	
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement			<input type="checkbox"/>	
Candidate Name			Category/Type	
Office Sought: <input 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) ▼		
State: District:		FEC Identification Number C Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY	
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement			<input type="checkbox"/>	
Candidate Name			Category/Type	
Office Sought: <input 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) ▼		
State: District:		FEC Identification Number C Amount of Each Disbursement this Period		
<input type="checkbox"/> Memo Item				

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