

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period  /  /  2024 through  /  /  2024

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="29533.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29533.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20870.00"/>	<input type="text" value="20870.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50403.06"/>	<input type="text" value="50403.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7100.00"/>	<input type="text" value="7100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43303.06"/>	<input type="text" value="43303.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	18740.00	18740.00
(ii) Unitemized .....	2130.00	2130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	20870.00	20870.00
(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) .....	20870.00	20870.00
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)).....▶	20870.00	20870.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20870.00	20870.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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).....	5100.00	5100.00
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)) ..	7100.00	7100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7100.00	7100.00

**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) .....	20870.00	20870.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20870.00	20870.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 15
<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. Becker, Todd, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 S Columbia St  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Regional Vice President, CL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : SA11AI.5205**  
 Amount of Each Receipt this Period 525.00  
 Memo Item  
 \$75 biweekly contribution

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

Date of Receipt **02 / 20 / 2024**  
**Transaction ID : SA11AI.5209**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Contribution

**C. Benintendi, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9255 Deer Path 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) EVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : SA11AI.5181**  
 Amount of Each Receipt this Period 1050.00  
 Memo Item  
 \$150 biweekly payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2075.00
<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 15
	<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. Bishop, John J., , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2024		
Mailing Address 1840 North Bahama Avenue			<b>Transaction ID : SA11AI.5206</b>		
City Marco Island	State FL	Zip Code 34145	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution		
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Chairman			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Campbell, Grady, , Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2024		
Mailing Address 5760 Whispering Trail			<b>Transaction ID : SA11AI.5176</b>		
City Galena	State OH	Zip Code 43021	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50 biweekly payroll contribution		
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) Sr. VP Marketing Services & PL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Carr, Shannon, C., ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2024		
Mailing Address 7833 Cherokee Springs Way			<b>Transaction ID : SA11AI.5197</b>		
City Knoxville	State TN	Zip Code 37919	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75 biweekly payroll contribution		
Name of Employer (for Individual) Encova Service Crop		Occupation (for Individual) Regional VP, Commercial Lines			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 525.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2375.00
<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 15
	<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. Fallen, Hope, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2024 <b>Transaction ID : SA11AI.5177</b>
Mailing Address 2642 Blue Lick Rd.			Amount of Each Receipt this Period 525.00
City Winfield	State WV	Zip Code 25213	<input type="checkbox"/> Memo Item \$75 biweekly payroll contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 525.00	
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) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Flaherty, Thomas, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2024 <b>Transaction ID : SA11AI.5208</b>
Mailing Address 109 Capital St. Suite 1100			Amount of Each Receipt this Period 250.00
City Charleston	State WV	Zip Code 25301	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Griffin, Archie, M., ,</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2024 <b>Transaction ID : SA11AI.5212</b>
Mailing Address 6845 Temperance Point Place			Amount of Each Receipt this Period 250.00
City Westerville	State OH	Zip Code 43082	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<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. Howat, James, Christopher, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 949 Hudson Xing  
 City Columbus State OH Zip Code 43212  
 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 ▼ 350.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : SA11AI.5170**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 \$50 biweekly payroll contribution

**B. 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 ▼ 525.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : SA11AI.5184**  
 Amount of Each Receipt this Period 525.00  
 Memo Item  
 \$75 biweekly payroll contribution

**C. Lucas, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5793 Edgebrook Dr.  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Service Corp Occupation (for Individual) Senior VP & CL Chief U/W Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : SA11AI.5193**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 \$50 biweekly payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1225.00
<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 15
	<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. Mabe, Katherine, Anne, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2024 <b>Transaction ID : SA11AI.5213</b>		
Mailing Address 1723 Venezia Way			Amount of Each Receipt this Period 500.00		
City Naples	State FL	Zip Code 34105	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Contribution		
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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 03 / 31 / 2024 <b>Transaction ID : SA11AI.5167</b>		
Mailing Address 74 Cassidy Dr.			Amount of Each Receipt this Period 700.00		
City Winfield	State WV	Zip Code 25213	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Contribution		
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 ▼ 700.00	\$100 biweekly payroll contribution		

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 03 / 31 / 2024 <b>Transaction ID : SA11AI.5166</b>		
Mailing Address 48 E. Frankfort St.			Amount of Each Receipt this Period 525.00		
City Columbus	State OH	Zip Code 43206	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Contribution		
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 ▼ 525.00	\$75 biweekly payroll contribution		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1725.00
<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 15
	<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. McGee Brown, Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 643 Crossing Crk S.  
 City Columbus State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 20 / 2024**  
**Transaction ID : SA11AI.5211**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Contribution

**B. Moore, Marchelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Clemton Park East  
 City Blacklick State OH Zip Code 43004  
 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 ▼ 525.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : SA11AI.5189**  
 Amount of Each Receipt this Period 525.00  
 Memo Item  
 \$75 biweekly payroll contribution

**C. Obrokta, TJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6939 Lambton Park Road  
 City New Albany State OH Zip Code 43054  
 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 ▼ 1750.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : SA11AI.5202**  
 Amount of Each Receipt this Period 1750.00  
 Memo Item  
 \$250 biweekly contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4775.00
<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 15
<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. Peacock, Mark, , Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2024 <b>Transaction ID : SA11AI.5190</b>
Mailing Address 3769 Aviary Loop			Amount of Each Receipt this Period 700.00
City Hilliard	State OH	Zip Code 43026	<input type="checkbox"/> Memo Item \$100 biweekly payroll contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00	
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) SVP Chief Human Resources Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. RCS Advisors</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2024 <b>Transaction ID : SA11AI.5207</b>
Mailing Address 29270 Hampshire Place			Amount of Each Receipt this Period 1000.00
City Westlake	State OH	Zip Code 44145	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Roberts, Stephen, G., ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2024 <b>Transaction ID : SA11AI.5214</b>
Mailing Address 1326 Morningside Drive			Amount of Each Receipt this Period 500.00
City Charleston	State WV	Zip Code 25314	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer (for Individual) Encova Mutual Insurance Group		Occupation (for Individual) Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<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 15
	<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. White, Steven, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 John H. McConnell Blvd.  
 Unit 203  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Mutual Insurance Group Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 20 / 2024**  
**Transaction ID : SA11AI.5210**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Contribution

**B. Wilcox, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Morris Ct  
 City Powell State OH Zip Code 43065  
 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 ▼ 840.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : SA11AI.5191**  
 Amount of Each Receipt this Period 840.00  
 Memo Item  
 \$120 biweekly payroll contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3340.00
<b>TOTAL</b> This Period (last page this line number only).....	18740.00

**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 checked="" 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. MOORE FOR WEST VIRGINIA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2024

Mailing Address 228 S Washington St.  
Ste. 115

City Alexandria State VA Zip Code 22314

FEC Identification Number

C [ ]

**Transaction ID : SB23.5215**

Amount of Each Disbursement this Period

[ ] 2000.00

Memo Item

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WV District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

[ ] 2000.00

[ ] 2000.00

# 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. DEMETRIOU FOR OHIO**

Mailing Address 8472 Washington St.  
Ste. 226

City  
Chagrin Falls

State  
OH

Zip Code  
44023

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 35

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5218

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NICK SANTUCCI**

Mailing Address 541 Burkees Dr.

City  
Coraopolis

State  
PA

Zip Code  
15108

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 64

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5219

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOSEPH DETERS FOR OHIO'S FUTURE**

Mailing Address P.O. Box 1883

City  
Columbus

State  
OH

Zip Code  
43216

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5217

Amount of Each Disbursement this Period

[REDACTED] 4100.00

Memo Item

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

[REDACTED] 5100.00

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

[REDACTED] 5100.00