

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 01 / 01 / 2023 through 06 / 30 / 2023

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 10 / 06 / 2023

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="2023"/>		<input type="text" value="26050.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26050.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19280.00"/>	<input type="text" value="19280.00"/>
(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="45330.06"/>	<input type="text" value="45330.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1242.00"/>	<input type="text" value="1242.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44088.06"/>	<input type="text" value="44088.06"/>
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:  /  /  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).....	16160.00	16160.00
(ii) Unitemized .....	3120.00	3120.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19280.00	19280.00
(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) .....	19280.00	19280.00
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)).....▶	19280.00	19280.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19280.00	19280.00

**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.....	242.00	242.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	242.00	242.00
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	1000.00
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)) ..	1242.00	1242.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

**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) .....	19280.00	19280.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19280.00	19280.00
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. 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 ▼ 520.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5035**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 bi-weekly payroll

**B. 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 ▼ 1900.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5026**  
 Amount of Each Receipt this Period 1900.00  
 Memo Item  
 bi-weekly payroll

**C. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5021**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3070.00
<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"/> 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. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5022**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 bi-weekly payroll

**B. Flaherty, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Capital St. Suite 1100  
 City Charleston State WV Zip Code 25301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Board of Directors Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2023  
**Transaction ID : SA11AI.5046**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 BOD contribution

**C. Flaherty, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Capital St. Suite 1100  
 City Charleston State WV Zip Code 25301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Encova Board of Directors Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2023  
**Transaction ID : SA11AI.5050**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 BOD Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gilmore, Amy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 3500 Leap Rd.		<b>Transaction ID : SA11AI.5011</b>
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 325.00	
Name of Employer (for Individual) Encova Service Corp	Occupation (for Individual) VP	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Griffin, Archie, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2023
Mailing Address 6845 Temperance Point Place		<b>Transaction ID : SA11AI.5048</b>
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Griffin, Archie, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2023
Mailing Address 6845 Temperance Point Place		<b>Transaction ID : SA11AI.5052</b>
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) Motorists Mutual Ins. Co.	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item BOD Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<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: PAGE 9 OF 15  
(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. 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 ▼ 650.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5015**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 bi-weekly payroll

**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 ▼ 500.00

Date of Receipt 02 / 13 / 2023  
**Transaction ID : SA11AI.5049**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 BOD Contribution

**C. Kessler, John C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3910 Caswell Road  
 City Johnstown State OH Zip Code 43031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) VP and CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5028**  
 Amount of Each Receipt this Period 620.00  
 Memo Item  
 bi-weekly payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1770.00  
**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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. King, Teresa M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 Tidewater Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Mutual Ins. Co. Occupation (for Individual) Assist. V. P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5044**  
 Amount of Each Receipt this Period 940.00  
 Memo Item  
 bi-weekly payroll

**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 ▼ 325.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5013**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 bi-weekly payroll

**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 ▼ 940.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5012**  
 Amount of Each Receipt this Period 940.00  
 Memo Item  
 bi-weekly payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2205.00
<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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Moore, Marchelle, , ,</b>			Date of Receipt
Mailing Address 2717 Gatewood Rd.			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Columbus	State OH	Zip Code 43219	<b>Transaction ID : SA11AI.5032</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="520.00"/>
Name of Employer (for Individual) Motorists Mutual Insurance Co		Occupation (for Individual) Chief Legal Officer	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Obrokta, TJ, , ,</b>			Date of Receipt
Mailing Address 8810 Ventura Way			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Dublin	State OH	Zip Code 43016	<b>Transaction ID : SA11AI.5045</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="3125.00"/>
Name of Employer (for Individual) Motorists Insurance Group		Occupation (for Individual) President	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3125.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Peacock, Mark, , Mr.,</b>			Date of Receipt
Mailing Address 4460 Swenson Street			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Hilliard	State OH	Zip Code 43026	<b>Transaction ID : SA11AI.5033</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1215.00"/>
Name of Employer (for Individual) Encova Service Corp		Occupation (for Individual) SVP Chief Human Resources Officer	<input type="checkbox"/> Memo Item bi-weekly payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="1215.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4860.00"/>
<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 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)**

**A. 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 ▼ 325.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5037**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 bi-weekly payroll

**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 ▼ 260.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5016**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 bi-weekly payroll

**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 ▼ 250.00

Date of Receipt 02 / 13 / 2023  
**Transaction ID : SA11AI.5047**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 BOD contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.00
<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

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. 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 ▼ 500.00

Date of Receipt 05 / 16 / 2023  
**Transaction ID : SA11AI.5051**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 BOD Contribution

**B. Wilcox, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 Daniel Burnham Sq Unit 308  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Motorists Insurance Group Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 06 / 30 / 2023  
**Transaction ID : SA11AI.5034**  
 Amount of Each Receipt this Period 1520.00  
 Memo Item  
 bi-weekly payroll

**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).....	1770.00
<b>TOTAL</b> This Period (last page this line number only).....	16160.00

**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. Citizens for McColley**

Mailing Address 15 Lemans Drive

City  
Napoleon

State  
OH

Zip Code  
43545

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

06 / 23 / 2023

FEC Identification Number

**Transaction ID : SB29.5007**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.5008. Includes fields for PNC Bank, Mailing Address, City (Kalamazoo), State (MI), Zip Code (49009), Purpose of Disbursement (Bank Charge), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/30/2023), and a summary table showing FEDERAL SHARE (0.00), NONFEDERAL SHARE (187.00), and TOTAL AMOUNT (187.00).

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.5010. Includes fields for United Bank, Mailing Address (500 Virginia St. E), City (Charleston), State (WV), Zip Code (25322), Purpose of Disbursement (Bank Charge), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/30/2023), and a summary table showing FEDERAL SHARE (0.00), NONFEDERAL SHARE (55.00), and TOTAL AMOUNT (55.00).

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.5011. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Date. Summary table shows FEDERAL SHARE, NONFEDERAL SHARE, and TOTAL AMOUNT.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (0.00) + NONFEDERAL SHARE (242.00) = TOTAL AMOUNT (242.00)

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

Summary table for total: FEDERAL SHARE (0.00) + NONFEDERAL SHARE (242.00) = TOTAL AMOUNT (242.00)