

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ENCOVA CIVIC FUND

ADDRESS (number and street) 471 E BROAD ST

(Check if address is changed)

COLUMBUS

CITY

OH

STATE

43215

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

paula.hart@encova.com

Optional Second E-Mail Address

rachel.hoffman@encova.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.encova.com

2. DATE

10 / 24 / 2019

3. FEC IDENTIFICATION NUMBER

C C00336834

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Moore, Marchelle, , Ms.,

Signature of Treasurer

Moore, Marchelle, , Ms.,

[Electronically Filed]

Date

10 / 24 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# ENCOVA CIVIC FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

Mailing Address 471 E BROAD ST

COLUMBUS OH 43215

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Moore, Marchelle, , Ms.,

Mailing Address 2717 Gatewood Rd

Columbus OH 43219

CITY STATE ZIP CODE

Title or Position

Treasurer Telephone number 614 - 225 - 8691

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Moore, Marchelle, , Ms.,

Mailing Address 2717 Gatewood Rd

Columbus OH 43219

CITY STATE ZIP CODE

Title or Position

Treasurer Telephone number 614 - 225 - 8691

Full Name of Designated Agent | Moore, Marchelle, E., ,  
Mailing Address | 2717 Gatewood Rd.  
|  
| Columbus | OH | 43219 | - |  
| CITY | STATE | ZIP CODE  
Title or Position | Secretary | Telephone number | 614 | - | 225 | - | 8593 |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| PNC Financial Services Group, Inc. |

Mailing Address | One Financial Parkway |  
|  
| Kalamazoo | MI | 49009 | - |  
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

|  
Mailing Address | |  
|  
| | | - |  
| CITY | STATE | ZIP CODE