

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 GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA WASHINGTON DC 20076 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00343749 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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer Valdes, Armando, , , [Electronically Filed] Date 07 / 03 / 2018

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

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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="2018"/>		69487.52
(b) Cash on Hand at Beginning of Reporting Period.....	69509.52	
(c) Total Receipts (from Line 19)	6275.00	10797.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75784.52	80284.52
7. Total Disbursements (from Line 31).....	6000.00	10500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69784.52	69784.52
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

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).....	3490.00	4740.00
(ii) Unitemized	2785.00	6057.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6275.00	10797.00
(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)	6275.00	10797.00
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)).....▶	6275.00	10797.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6275.00	10797.00

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.....	6000.00	10500.00
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).....	0.00	0.00
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)) ..	6000.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	10500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6275.00	10797.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6275.00	10797.00
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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Bashkansky, Regina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Bracey Ln
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.29801
 Amount of Each Receipt this Period 300.00
 Memo Item
 One Time Contribution

B. Bradley, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2328 Mathews Green Road
 City Virginia Beach State VA Zip Code 23456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2018
Transaction ID : SA11AI.29803
 Amount of Each Receipt this Period 300.00
 Memo Item
 One Time Contribution

C. Ingall, Seth, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9308 Inglewood Ct
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11AI.29649
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	660.00
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 15
(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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Ingall, Seth, M.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9308 Inglewood Ct

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : SA11AI.29650

Amount of Each Receipt this Period
90.00

Memo Item
Payroll deduction \$30.00 biweekly

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

Mailing Address 9308 Inglewood Ct

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2018

Transaction ID : SA11AI.29651

Amount of Each Receipt this Period
60.00

Memo Item
Payroll deduction \$30.00 biweekly

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

Mailing Address 3701 Riviera Dr.
Apt 1

City San Diego	State CA	Zip Code 92109-6674
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA11AI.29672

Amount of Each Receipt this Period
100.00

Memo Item
Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	250.00
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 15
(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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Lyons, Donald, Richard, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3701 Riviera Dr.
Apt 1

City San Diego	State CA	Zip Code 92109-6674
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : SA11AI.29673

Amount of Each Receipt this Period
150.00

Memo Item
Payroll deduction \$50.00 biweekly

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

Mailing Address 3701 Riviera Dr.
Apt 1

City San Diego	State CA	Zip Code 92109-6674
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GEICO	Occupation (for Individual) SVP
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2018

Transaction ID : SA11AI.29674

Amount of Each Receipt this Period
100.00

Memo Item
Payroll deduction \$50.00 biweekly

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

Mailing Address 39 Manorwood Drive

City Fredericksburg	State MD	Zip Code 22046
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : SA11AI.29676

Amount of Each Receipt this Period
75.00

Memo Item
Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	325.00
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 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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Markel, Scott, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Manorwood Drive
 City Fredericksburg State MD Zip Code 22046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.29677
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction \$25.00 biweekly

B. Measley, Paul, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Timmaron Dr
 City Allen State TX Zip Code 75013-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.29697
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Measley, Paul, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Timmaron Dr
 City Allen State TX Zip Code 75013-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.29698
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	150.00
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"/> 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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Miller, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Amherst Avenue
 City Dallas State TX Zip Code 75225-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : SA11AI.29699
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll deduction \$50.00 biweekly

B. Miller, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Amherst Avenue
 City Dallas State TX Zip Code 75225-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : SA11AI.29700
 Amount of Each Receipt this Period 150.00
 Memo Item
 Payroll deduction \$50.00 biweekly

C. Miller, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Amherst Avenue
 City Dallas State TX Zip Code 75225-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt **06 / 28 / 2018**
Transaction ID : SA11AI.29701
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll deduction \$50.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	330.00
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 11 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Nicely, Olza, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Pageland Ln
 City Gainesville State VA Zip Code 20155-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) President-Insurance operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : SA11AI.29711
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll deduction \$100.00 biweekly

B. Nicely, Olza, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Pageland Ln
 City Gainesville State VA Zip Code 20155-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) President-Insurance operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : SA11AI.29712
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll deduction \$100.00 biweekly

C. Nicely, Olza, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Pageland Ln
 City Gainesville State VA Zip Code 20155-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) President-Insurance operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2018
Transaction ID : SA11AI.29713
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll deduction \$100.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Parsons, Steve, Clark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6444 Divine St
 City Mclean State VA Zip Code 22101-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.29722
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$20.00 biweekly

B. Parsons, Steve, Clark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6444 Divine St
 City Mclean State VA Zip Code 22101-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.29723
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Roberts, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9413 Brooke Dr
 City Bethesda State MD Zip Code 20817-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2018
Transaction ID : SA11AI.29746
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll deduction \$125.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	350.00
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 13 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Roberts, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9413 Brooke Dr
 City Bethesda State MD Zip Code 20817-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.29747
 Amount of Each Receipt this Period 375.00
 Memo Item
 Payroll deduction \$125.00 biweekly

B. Roberts, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9413 Brooke Dr
 City Bethesda State MD Zip Code 20817-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.29748
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll deduction \$125.00 biweekly

C. Silva, Franklin, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5207 Granite Ridge Dr
 City Lithia State FL Zip Code 33547-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.29759
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	685.00
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 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	<input type="checkbox"/> 18

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)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Silva, Franklin, Kelly, ,

Mailing Address 5207 Granite Ridge Dr

City Lithia	State FL	Zip Code 33547-1845
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2018

Transaction ID : SA11AI.29760

Amount of Each Receipt this Period
40.00

Memo Item
Payroll deduction \$20.00 biweekly

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	3490.00

**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)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Majority Committee

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Majority Committee

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB23.29818

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Property Casualty Insurers PAC

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018-3286

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Property Casualty Insurers PAC

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB23.29724

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

6000.00

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

6000.00