

**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

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20076

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343749

3. IS THIS
REPORTNEW
(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

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

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: M M / D D / Y Y Y Y Y Y
04 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020 | | 52196.52 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 50931.52 | |
| (c) Total Receipts (from Line 19) | 4811.00 | 9048.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 55742.52 | 61244.52 |
| 7. Total Disbursements (from Line 31) | 8008.00 | 13510.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 47734.52 | 47734.52 |
| 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 / 2020

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2020
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).....

2585.00

3735.00

(ii) Unitemized

2226.00

5313.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4811.00

9048.00

(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).....▶

4811.00

9048.00

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)).....▶

4811.00

9048.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

4811.00

9048.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| 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 | 8.00 | 10.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 8.00 | 10.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8000.00 | 13500.00 |
| 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)) .. | 8008.00 | 13510.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8008.00 | 13510.00 |

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) | 4811.00 | 9048.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4811.00 | 9048.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 8.00 | 10.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 8.00 | 10.00 |

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

☒ 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

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

A. Ingall, Seth, M., ,

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 ▼

270.00

Date of Receipt

04 / 30 / 2020

Transaction ID : SA11AI.31441

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

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

B. Ingall, Seth, M., ,

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 ▼

330.00

Date of Receipt

05 / 28 / 2020

Transaction ID : SA11AI.31510

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

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

c. Ingall, Seth, M., ,

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 ▼

390.00

Date of Receipt

06 / 25 / 2020

Transaction ID : SA11AI.31568

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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)

☒ 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

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

A. Markel, Scott, Edward, ,

Mailing Address 39 Manorwood Drive

City

Fredericksburg

State

VA

Zip Code

22406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GEICO

Occupation (for Individual)

RVP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11AI.31439

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. Markel, Scott, Edward, ,

Mailing Address 39 Manorwood Drive

City

Fredericksburg

State

VA

Zip Code

22406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GEICO

Occupation (for Individual)

RVP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31508

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Markel, Scott, Edward, ,

Mailing Address 39 Manorwood Drive

City

Fredericksburg

State

VA

Zip Code

22406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GEICO

Occupation (for Individual)

RVP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.31566

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

175.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 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

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

A. McKenzie, Gary, L, ,

Mailing Address 159 Waters Edge Dr.

City
Macon

State
GA

Zip Code
31052

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11AI.31408

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

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

B. McKenzie, Gary, L, ,

Mailing Address 159 Waters Edge Dr.

City
Macon

State
GA

Zip Code
31052

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31478

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

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

C. McKenzie, Gary, L, ,

Mailing Address 159 Waters Edge Dr.

City
Macon

State
GA

Zip Code
31052

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.31536

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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)

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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

A. Measley, Paul, W, ,

Mailing Address 14221 Autumn Gold Rd

City
Boys

State
MD

Zip Code
20841

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

M M / D D / Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31502

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. Measley, Paul, W, ,

Mailing Address 14221 Autumn Gold Rd

City
Boys

State
MD

Zip Code
20841

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

M M / D D / Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.31560

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

C. Nicely, Olza, , ,

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)
Executive Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11AI.31431

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll deduction \$100.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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

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

A. Nicely, Olza, , ,

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)
Executive Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31501

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll deduction \$100.00 biweekly

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

B. Nicely, Olza, , ,

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)
Executive Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.31559

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll deduction \$100.00 biweekly

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

C. Quagliato, John, V, ,

Mailing Address 1736 Navaja Road

City
El Cajon

State
CA

Zip Code
92020

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11AI.31419

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

475.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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

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

A. Quagliato, John, V, ,

Mailing Address 1736 Navaja Road

City
El Cajon

State
CA

Zip Code
92020

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31489

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

B. Quagliato, John, V, ,

Mailing Address 1736 Navaja Road

City
El Cajon

State
CA

Zip Code
92020

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.31547

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll deduction \$25.00 biweekly

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

C. Rinella, Angela, M, ,

Mailing Address 7544 John Hancock Dr

City
Winter Garden

State
FL

Zip Code
34787

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2020

Transaction ID : SA11AI.31464

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

140.00

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 12 OF 15

☒ 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

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

A. Rinella, Angela, M, ,

Mailing Address 7544 John Hancock Dr

City
Winter Garden

State
FL

Zip Code
34787

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 ▼

260.00

Date of Receipt

06 / 25 / 2020

Transaction ID : SA11AI.31523

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll deduction \$20.00 biweekly

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

B. Roberts, William, , ,

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)
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 30 / 2020

Transaction ID : SA11AI.31449

Amount of Each Receipt this Period

375.00

☐ Memo Item

Payroll deduction \$125.00 biweekly

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

C. Roberts, William, , ,

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)
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

05 / 28 / 2020

Transaction ID : SA11AI.31517

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll deduction \$125.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ►

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

665.00

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)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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

| | | | | |
|---|------------------------|---|---|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Roberts, William, , ,</p> <p>Mailing Address 9413 Brooke Dr</p> | | | <p>Date of Receipt</p> <p>06 / 25 / 2020</p> <p>Transaction ID : SA11AI.31575</p> | |
| <p>City</p> <p>Bethesda</p> | <p>State</p> <p>MD</p> | <p>Zip Code</p> <p>20817-2109</p> | <p>Amount of Each Receipt this Period</p> <p>250.00</p> | |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p> | | | | |
| <p>Name of Employer (for Individual)</p> <p>GEICO</p> | | <p>Occupation (for Individual)</p> <p>Vice Chairman</p> | <p><input type="checkbox"/> Memo Item</p> <p>Payroll deduction \$125.00 biweekly</p> | |
| <p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Aggregate Year-to-Date ▼</p> <p>1625.00</p> | | |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Silva, Franklin, Kelly, ,</p> <p>Mailing Address 173 Blue Heron Dr.</p> | | | <p>Date of Receipt</p> <p>05 / 28 / 2020</p> <p>Transaction ID : SA11AI.31477</p> | |
| <p>City</p> <p>Eatonton</p> | <p>State</p> <p>GA</p> | <p>Zip Code</p> <p>31024</p> | <p>Amount of Each Receipt this Period</p> <p>40.00</p> | |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p> | | | | |
| <p>Name of Employer (for Individual)</p> <p>GEICO</p> | | <p>Occupation (for Individual)</p> <p>RVP</p> | <p><input type="checkbox"/> Memo Item</p> <p>Payroll deduction \$20.00 biweekly</p> | |
| <p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Aggregate Year-to-Date ▼</p> <p>220.00</p> | | |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Silva, Franklin, Kelly, ,</p> <p>Mailing Address 173 Blue Heron Dr.</p> | | | <p>Date of Receipt</p> <p>06 / 25 / 2020</p> <p>Transaction ID : SA11AI.31535</p> | |
| <p>City</p> <p>Eatonton</p> | <p>State</p> <p>GA</p> | <p>Zip Code</p> <p>31024</p> | <p>Amount of Each Receipt this Period</p> <p>40.00</p> | |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p> | | | | |
| <p>Name of Employer (for Individual)</p> <p>GEICO</p> | | <p>Occupation (for Individual)</p> <p>RVP</p> | <p><input type="checkbox"/> Memo Item</p> <p>Payroll deduction \$20.00 biweekly</p> | |
| <p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date ▼</p> <p>260.00</p> | | |
| <p>SUBTOTAL of Receipts This Page (optional).....▶</p> | | | <p>330.00</p> | |
| <p>TOTAL This Period (last page this line number only).....▶</p> | | | <p>2585.00</p> | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. Insuring America PACMailing Address 8700 West Bryn Mawr Ave
Suite 1200SCity
ChicagoState
ILZip Code
60631Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Insuring America PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 3 | 0 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C

Transaction ID : SB23.31521

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Perlmutter for Congress

Mailing Address 415 New Jersey Ave. SE #1

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Perlmutter for CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify)

State: CO District: 07

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | | 2 | 9 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C

Transaction ID : SB23.31462

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Thom Tillis Committee

Mailing Address 10540 Swerling Way

City
RaleighState
NCZip Code
27614Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

The Thom Tillis CommitteeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | | 1 | 4 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C

Transaction ID : SB23.31456

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <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. Vargas for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 05 | | 2020 |

Mailing Address 374 No. Coast Highway 101
Suite 2City
EncinitasState
CAZip Code
92024Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Vargas for CongressOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB23.31454

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

8000.00