

# 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 REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2021 through  /  /  2021

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

Signature of Treasurer *Crutchfield, Ryan, , ,* [Electronically Filed] Date  /  /  2021

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**

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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="2021"/>		48404.52
(b) Cash on Hand at Beginning of Reporting Period.....	48404.52	
(c) Total Receipts (from Line 19) .....	7055.50	7055.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55460.02	55460.02
7. Total Disbursements (from Line 31).....	5006.00	5006.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50454.02	50454.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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 01 / 01 / 2021 To: M M / D D / Y Y Y Y 06 / 30 / 2021

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).....	2110.00	2110.00
(ii) Unitemized .....	4945.50	4945.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7055.50	7055.50
(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) .....	7055.50	7055.50
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)).....▶	7055.50	7055.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7055.50	7055.50

**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 .....	6.00	6.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6.00	6.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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)) ..	5006.00	5006.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5006.00	5006.00

**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) .....	7055.50	7055.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7055.50	7055.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6.00	6.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6.00	6.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(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
-----------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2021

**Transaction ID : SA11AI.32875**

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
--	------------------------------------

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	/	27	/	2021

**Transaction ID : SA11AI.32972**

Amount of Each Receipt this Period  
60.00

Memo Item  
Payroll deduction \$30.00 biweekly

**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
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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 ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

**Transaction ID : SA11AI.32973**

Amount of Each Receipt this Period  
60.00

Memo Item  
Payroll deduction \$30.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 7 OF 14  
(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. Markel, Scott, Edward, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : SA11AI.32873**

Amount of Each Receipt this Period  
75.00

Memo Item  
Payroll deduction \$25.00 biweekly

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

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  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		27		2021

**Transaction ID : SA11AI.32970**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction \$25.00 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 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  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2021

**Transaction ID : SA11AI.32971**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction \$25.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 14
<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. McKenzie, Gary, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Waters Edge Dr.  
 City Lizella 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 04 / 29 / 2021  
**Transaction ID : SA11AI.32774**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 Payroll deduction \$30.00 biweekly

**B. McKenzie, Gary, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Waters Edge Dr.  
 City Lizella 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 05 / 27 / 2021  
**Transaction ID : SA11AI.32918**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 biweekly

**C. McKenzie, Gary, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Waters Edge Dr.  
 City Lizella 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 06 / 24 / 2021  
**Transaction ID : SA11AI.32919**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<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. Measley, Paul, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14221 Autumn Gold Rd  
 City Boyds 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 05 / 27 / 2021  
**Transaction ID : SA11AI.32962**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll deduction \$20.00 biweekly

**B. Measley, Paul, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14221 Autumn Gold Rd  
 City Boyds 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 06 / 24 / 2021  
**Transaction ID : SA11AI.32963**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll deduction \$20.00 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 18 / 2021  
**Transaction ID : SA11AI.32559**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll deduction \$100.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<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. 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : SA11AI.32859**  
 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : SA11AI.32860**  
 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : SA11AI.32960**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll deduction \$100.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 14
<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. 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : SA11AI.32961**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll deduction \$100.00 biweekly

**B. Quagliato, John, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 **04 / 29 / 2021**  
**Transaction ID : SA11AI.32836**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

**C. Quagliato, John, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 **05 / 27 / 2021**  
**Transaction ID : SA11AI.32936**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
<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. Quagliato, John, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 06 / 24 / 2021  
**Transaction ID : SA11AI.32937**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

**B. Rinella, Angela, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 05 / 27 / 2021  
**Transaction ID : SA11AI.32896**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll deduction \$20.00 biweekly

**C. Rinella, Angela, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 / 24 / 2021  
**Transaction ID : SA11AI.32897**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll deduction \$20.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 14
	<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)  
**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 173 Blue Heron Dr.

City Eatonton	State GA	Zip Code 31024
------------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : SA11AI.32916**

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  
Silva, Franklin, Kelly, ,

Mailing Address 173 Blue Heron Dr.

City Eatonton	State GA	Zip Code 31024
------------------	-------------	-------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : SA11AI.32917**

Amount of Each Receipt this Period  
40.00

Memo Item  
Payroll deduction \$20.00 biweekly

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	2110.00

**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. Insuring America PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2021

Mailing Address 8700 West Bryn Mawr Ave  
Suite 1200S

City Chicago State IL Zip Code 60631

Purpose of Disbursement  
Campaign Contribution

C	011
Category/ Type	

FEC Identification Number

C

Transaction ID : SB23.32893

Amount of Each Disbursement this Period

5000.00

Memo Item

Candidate Name

**Insuring America PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

C	
Category/ Type	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

C	
Category/ Type	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

5000.00

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

5000.00