Only

STATEMENT OF **ORGANIZATION**

PAGE 1 / 13 =

FURIVI I										C	Office U	se Only	,		
1. NAME OF COMMITTEE (in	full)		Check if nam changed)		Example: If over the li		ype	121	FE4N	1 5					
GOVERNMEN	NT EMP	LOYEE	S INSUF	RANCE	COM	PANY	POLI	TIC	AL A	CTI	ON	CON	/MI ⁻	TTE	E
ADDRESS (number ar	nd street)	ONE GEI	CO PLAZA												
(Check if a is changed		I		1 1 1		1 1 1	1 1 1	1 1	1 1	1 1	ı		l I	1 1	₁
is changed	1)	WASHIN	GTON 					DC STA	ΓΕ Δ	20	076	ZIP	- L	E A	
COMMITTEE'S E-MA	IL ADDRES	SS													
X ◀ (Check if a is changed		rcrutchfi	eld@geico.co	m 											
Ü	,		Second E-Ma @geico.com	ail Address	;										
COMMITTEE'S WEB (Check if a is changed	address	RESS (UF	RL)												
2. DATE 01	M / D 12	D / Y	y y y y 2024												
3. FEC IDENTIFIC	CATION NU	MBER ▶		C00343	3749										
4. IS THIS STATEN	MENT	NEW	(N) O	R	×	MENDE) (A)								
certify that I have e	examined thi	s Stateme	nt and to the	best of m	ny knowle	dge and	belief it	is true	, corre	ect and	d com	plete.			
Type or Print Name of	of Treasurer	Crutchfie	eld, Ryan, , ,												
Signature of Treasure	er Crutch	ifield, Ryan	, , ,					Date	М	01	/ D	7		y y 2024	Y
NOTE: Submission of	false, errone		omplete inform								penal	ties of	52 U.	S.C. §	30109.
Office Use					Federa	rther informal Election (Commissio						DRM		— ,

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022) Page 2	
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate ''','','','',',',',',',',',',',',',','	
	Candidate Office State Party Affiliation Sought: House Senate President	-
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party	
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
	X Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	y
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	ıl
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	ıl
	Committees Participating in Joint Fundraiser	
	1 C	-

Treasurer

	FF0 F 4 /2 :		D 0
١٨	FEC Form 1 (Revi	•	Page 3
۷۱		EMPLOYEES INSURANCE COMPANY POLITICAL A	CTION COMMITTEE
6.		ted Organization, Affiliated Committee, Joint Fundraising Representative	
	_	EMPLOYEES INSURANCE COMPANY	
	Mailing Address	ONE GEICO PLAZA	
		WASHINGTON	20076
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Conne	ected Organization Affiliated Organization Joint Fundraising Represent	tative Leadership PAC Sponso
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	on in possession of committee
	Cruto	chfield, Ryan, , ,	
	Mailing Address	512 Rutgers St	
	walling Address		
		Rockville MD	20850
		CITY ▲ STATE ▲	ZIP CODE A
	Title or Position ▼		
	Treasurer	Telephone number	301 - 986 - 2777
8.		ne and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
	Full Name Cruto	chfield, Ryan, , ,	
	Mailing Address	512 Rutgers St	
		Rockville MD	20850
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

Telephone number

Full Name of Designated Agent Mailing Address CITY A STATE A ZIP CODE A Title or Position Telephone number Telephon	FEC Form 1	(Revised 02/2009)	Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number	Designated		
Title or Position Telephone number Telephone	Mailing Address		
Title or Position Telephone number Telephone			
Title or Position Telephone number Telephone			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. M & T BANK Mailing Address 1 RESEARCH COURT ROCKVILLE CITY A STATE A ZIP CODE A Mailing Address	Title or Desition		ZIP CODE ▲
Name of Bank, Depository, etc. M & T BANK Mailing Address 1 RESEARCH COURT ROCKVILLE CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Inde or Position V		
Mailing Address A			ds accounts, rents
Mailing Address 1 RESEARCH COURT ROCKVILLE CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Name of Bank, De	epository, etc.	
ROCKVILLE CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. Mailing Address			
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Mailing Address	Mailing Address		
Name of Bank, Depository, etc. Mailing Address		ROCKVILLE MD 20850	
Mailing Address		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address	Name of Bank, Do	epository, etc.	
	Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲			
		CITY ▲ STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Spons
ACME BRICK COMI	PANY GOOD GOVERNMENT FUND FO	OR FEDERAL ELECTION	\S
Mailing Address	P. O. BOX 425		
	FORT WORTH	TX L	76101
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in valintains funds.	Telephone Number	ts funds, holds accounts, rents
TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories in valintains funds.	Telephone Number	ts funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

Participant:		
	FEC ID number	C
	sing Representative	e, or Leadership PAC Sponsor
LUYEES PAC		
29400 LAKELAND BOULEVARD		
WICKLIFFE	ОН	44092
CITY ▲	STATE ▲	ZIP CODE ▲
Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
	. 1 1 . 1	I I-I I
, CITY 🛦	STATE A	ZIP CODE ▲
,	STATE ▲	ZIP CODE 🛦
,	phone Number	
Tele es: List all banks or other depositories in which the tains funds.	phone Number	s funds, holds accounts, rents
Tele es: List all banks or other depositories in which the tains funds.	e committee deposit	s funds, holds accounts, rents
Tele es: List all banks or other depositories in which the tains funds.	e committee deposit	s funds, holds accounts, rents
	rganization, Affiliated Committee, Joint Fundrai PLOYEES PAC 29400 LAKELAND BOULEVARD WICKLIFFE CITY Organization Affiliated Committee Joint F	FEC ID number

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	Joint Fundraising	Participant:		
1	ı. <u> </u>		FEC ID number	C
2	2.		FEC ID number	C
3	3.		FEC ID number	C
2	1.		FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
L				
	Mailing Address	4747 MCLANE PARKWAY		
	Relationship:	TEMPLE	TX TX	76503 ZIP CODE ▲
	neiationship.	CITY A	STATE ▲	ZIP CODE A
	ignated Agent: Identify	by name, address (phone number – optional)		
ı		by name, address (phone number – optional)		
ı	Full Name	by name, address (phone number – optional)		
ı	Full Name	by name, address (phone number – optional)		
ı	Full Name	CITY A	STATE A	ZIP CODE A
ı	Full Name	CITY A	STATE A	ZIP CODE A
9. Bani safet	Full Name	CITY CITY Teleposes: List all banks or other depositories in which the natains funds.	phone Number	s funds, holds accounts, rents
9. Bani safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositority deposit boxes or maintenance of Bank, pository, etc.	CITY CITY Teleposes: List all banks or other depositories in which the natains funds.	ohone Number	s funds, holds accounts, rents

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2.				FEC II	number	C	
				FEC II	number	С	
3.				FEC II	number	С	
4.				FEC II	number	С	
Name of Any Cor	nnected O	ganization, Affilia	ted Committee, Joint	Fundraising Rep	presentative	e, or Leadership	o PAC Spons
MIDAMERICA	AN ENER	GY COMPANY P	PAC				
Mailing Addr	ress	666 GRAND AVEN	IUE				
		P.O. BOX 657					
-		DES MOINES			L IA	50306-0657	
Relationship:):		CITY A		STATE ▲	ZIP	CODE A
	Connected C		ffiliated Committee	Joint Fundraising	g Representa	Leade Leade	ership PAC Spo
					g Representa	Leade	ership PAC Spo
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Pesignated Agent	t: Identify b				g Representa	Leade	ership PAC Spo
Pesignated Agent	t: Identify b		phone number – optior	nal)			
Pesignated Agent	it: Identify b	y name, address (nal)	g Representa		ership PAC Spo

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e or Leadershin PAC Snon
NETJETS INC. PAC			
Mailing Address	4111 BRIDGEWAY AVENUE		
	COLUMBUS	OH	43219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	od Organization X Affiliated Committee Journal	oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A

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3. 🗔				FEC ID	number	C	
4. 🗔				FEC ID	number	C	
Name of	Any Connected (Organization, Affi	iliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC S	Spons
	IERGY POLITIC	_				· 	·
Mail	ing Address	6100 NEIL ROA	AD				
		DEBBIE FLORE	ENCE, ASST. TREAS.				
		RENO			NV	89511	
Dolo	ationship:		CITY A		STATE $lacktriangle$	ZIP CODE	A
	Connected		Affiliated Committee s (phone number – option	Joint Fundraising	Representa	ative Leadership PA	AC Sp
	Connected ed Agent: Identify				Representa	ative Leadership PA	AC Sp
esignate Full N	Connected ed Agent: Identify				Representa	ative Leadership PA	AC Sp
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esignate Full N Mailine	Connected ed Agent: Identify ame	by name, addres		nal)	Representa	Leadership PA	

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4.		FEC ID number	С
		-	
_	eted Organization, Affiliated Committee, Joint Fuc COMPANY RAILPAC (BNSF RAILPAC)	indraising Representativ	e, or Leadership PAC Spons
Mailing Address	P.O. BOX 961039		
	FORT WORTH	TX	76161
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Ide	entify by name, address (phone number – optional)	
resignated Agent: Ide	entify by name, address (phone number – optional)	
	entify by name, address (phone number – optional		
Full Name	entify by name, address (phone number — optional		
Full Name	entify by name, address (phone number — optional		
Full Name	CITY A	STATE A	ZIP CODE A

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4.		1 1 1 1 1	1 1 1 1 1 1 1 1	 FEC ID	number	C	
Name of Any Conr	nected O	rganization, Affil	iated Committee, Joint	Fundraising Rep	presentativ	e, or Leadership PAC S	Spons
BERKSHIRE H	HATHAW	AY ENERGY C	COMPANY PAC				
Mailing Addres	ess	666 Grand Avenu	ue				
		P.O. BOX 657					
		Des moines			L IA	50306	
Relationship:			CITY A		STATE ▲	ZIP CODE	A
			Affiliated Committee	Joint Fundraising	g Represent	ative Leadership PA	C Sp
					g Representa	ative Leadership PA	AC Sp
esignated Agent:	: Identify b				g Representa	ative Leadership PA	AC Sp
Pesignated Agent:	: Identify b				g Representa	ative Leadership PA	AC Spi
esignated Agent: Full Name	: Identify b				g Representa	ative Leadership PA	AC Spe
esignated Agent: Full Name	: Identify b	y name, address		nal)	g Representa	Leadership PA	

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3			FEC	C ID number	С
4			FEC	C ID number	C
	-	Organization, Affiliated Committ	_	Representative	e, or Leadership PAC Spons
Ма	iling Address	825 N E MULTNOMAH			
		SUITE 2000 LCT			<u> </u>
		PORTLAND		OR	97232
Rel	lationship:	CITY A		STATE A	ZIP CODE ▲
Full N	Name				
Mailir	ng Address				
Mailir	ng Address				
Mailir	ng Address				
	ng Address LE OR POSITION	CITY A		STATE A	ZIP CODE A