

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 07 01 2017 through 09 30 2017

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 10 27 2017

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="2017"/>		69733.52
(b) Cash on Hand at Beginning of Reporting Period.....	66865.52	
(c) Total Receipts (from Line 19) .....	4714.00	15346.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71579.52	85079.52
7. Total Disbursements (from Line 31).....	2500.00	16000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69079.52	69079.52
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:  /  /  To:  /  /

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).....	2595.00	6760.00
(ii) Unitemized .....	2119.00	8586.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4714.00	15346.00
(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) .....	4714.00	15346.00
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)).....▶	4714.00	15346.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4714.00	15346.00

**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.....	2500.00	16000.00
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)) ..	2500.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	16000.00

**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) .....	4714.00	15346.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4714.00	15346.00
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 16
<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. 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 ▼ 450.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : SA11AI.28987**  
 Amount of Each Receipt this Period 60.00  
 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  
 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 ▼ 510.00

Date of Receipt **08 / 24 / 2017**  
**Transaction ID : SA11AI.28988**  
 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  
 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 ▼ 570.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : SA11AI.28989**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 7 OF 16
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lyons, Donald, Richard, ,</b>			Date of Receipt MM / DD / YYYY 07 / 27 / 2017 <b>Transaction ID : SA11AI.29014</b>		
Mailing Address 3701 Riviera Dr. Apt 1			Amount of Each Receipt this Period 100.00		
City San Diego	State CA	Zip Code 92109-6674	Memo Item <input type="checkbox"/> Payroll deduction \$50.00 biweekly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GEICO		Occupation (for Individual) SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lyons, Donald, Richard, ,</b>			Date of Receipt MM / DD / YYYY 08 / 24 / 2017 <b>Transaction ID : SA11AI.29015</b>		
Mailing Address 3701 Riviera Dr. Apt 1			Amount of Each Receipt this Period 100.00		
City San Diego	State CA	Zip Code 92109-6674	Memo Item <input type="checkbox"/> Payroll deduction \$50.00 biweekly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GEICO		Occupation (for Individual) SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lyons, Donald, Richard, ,</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2017 <b>Transaction ID : SA11AI.29016</b>		
Mailing Address 3701 Riviera Dr. Apt 1			Amount of Each Receipt this Period 100.00		
City San Diego	State CA	Zip Code 92109-6674	Memo Item <input type="checkbox"/> Payroll deduction \$50.00 biweekly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GEICO		Occupation (for Individual) SVP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 650.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 8 OF 16  
(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 4450 S Park Ave  
 Apt 1201

City Chevy Chase    State MD    Zip Code 20815-3641

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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017

**Transaction ID : SA11AI.29017**

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. Markel, Scott, Edward, ,**

Mailing Address 4450 S Park Ave  
 Apt 1201

City Chevy Chase    State MD    Zip Code 20815-3641

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 ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017

**Transaction ID : SA11AI.29018**

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 4450 S Park Ave  
 Apt 1201

City Chevy Chase    State MD    Zip Code 20815-3641

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 ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017

**Transaction ID : SA11AI.29019**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction \$25.00 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: PAGE 9 OF 16  
(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 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017

**Transaction ID : SA11AI.29042**

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 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 ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017

**Transaction ID : SA11AI.29043**

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. Measley, Paul, W, ,**

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 ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017

**Transaction ID : SA11AI.29044**

Amount of Each Receipt this Period  
 40.00

Memo Item  
 Payroll deduction \$20.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 10 OF 16  
(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. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2017  
**Transaction ID : SA11AI.29045**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017  
**Transaction ID : SA11AI.29046**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 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 ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11AI.29047**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll deduction \$30.00 biweekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 16  
(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. Nestegard, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13892 Douglas Ranch Dr  
 City Pine State CO Zip Code 80470-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEICO Occupation (for Individual) Director  
 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  
 07 / 27 / 2017  
**Transaction ID : SA11AI.29054**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll deduction \$15.00 biweekly

**B. Nestegard, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13892 Douglas Ranch Dr  
 City Pine State CO Zip Code 80470-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEICO Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2017  
**Transaction ID : SA11AI.29055**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll deduction \$15.00 biweekly

**C. Nestegard, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13892 Douglas Ranch Dr  
 City Pine State CO Zip Code 80470-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEICO Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2017  
**Transaction ID : SA11AI.29056**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll deduction \$15.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 16
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Nicely, Olza, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2017 <b>Transaction ID : SA11AI.29057</b>
Mailing Address 5830 Pageland Ln		Amount of Each Receipt this Period 200.00
City Gainesville	State VA	Zip Code 20155-1531
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll deduction \$100.00 biweekly
Name of Employer (for Individual) GEICO	Occupation (for Individual) President-Insurance operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Nicely, Olza, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2017 <b>Transaction ID : SA11AI.29058</b>
Mailing Address 5830 Pageland Ln		Amount of Each Receipt this Period 200.00
City Gainesville	State VA	Zip Code 20155-1531
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll deduction \$100.00 biweekly
Name of Employer (for Individual) GEICO	Occupation (for Individual) President-Insurance operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Nicely, Olza, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2017 <b>Transaction ID : SA11AI.29059</b>
Mailing Address 5830 Pageland Ln		Amount of Each Receipt this Period 200.00
City Gainesville	State VA	Zip Code 20155-1531
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll deduction \$100.00 biweekly
Name of Employer (for Individual) GEICO	Occupation (for Individual) President-Insurance operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 16
	<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 **08 / 24 / 2017**  
**Transaction ID : SA11AI.29068**  
 Amount of Each Receipt this Period 40.00  
 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 **09 / 21 / 2017**  
**Transaction ID : SA11AI.29069**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll deduction \$20.00 biweekly

**C. Proulx, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1011 Avery Court, S.W.  
 City Vienna State VA Zip Code 22180-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEICO Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 13 / 2017**  
**Transaction ID : SA11AI.29079**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 14 OF 16  
(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 ▼ 1875.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : SA11AI.29095**  
 Amount of Each Receipt this Period 250.00  
 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 ▼ 2125.00

Date of Receipt 08 / 24 / 2017  
**Transaction ID : SA11AI.29096**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll deduction \$125.00 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 ▼ 2375.00

Date of Receipt 09 / 21 / 2017  
**Transaction ID : SA11AI.29097**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll deduction \$125.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 15 OF 16
<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.** 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
----------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

**Transaction ID : SA11AI.29107**

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 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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2017

**Transaction ID : SA11AI.29108**

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  
Silva, Franklin, Kelly, ,

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 ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

**Transaction ID : SA11AI.29109**

Amount of Each Receipt this Period  
40.00

Memo Item  
Payroll deduction \$20.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	2595.00

**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. McSally for Congress**

Mailing Address P.O. Box 19128

City  
Tucson

State  
AZ

Zip Code  
85731

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name

**McSally for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

FEC Identification Number

**Transaction ID : SB23.29152**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text" value="2500.00"/>
<input type="text" value="2500.00"/>