

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 / / 2020 through / / 2020

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 / / 2020

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="2020"/>	<input type="text" value="52196.52"/>	<input type="text" value="52196.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47734.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4013.00"/>	<input type="text" value="13061.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51747.52"/>	<input type="text" value="65257.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5506.00"/>	<input type="text" value="19016.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46241.52"/>	<input type="text" value="46241.52"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 07 / 01 / 2020 To: 09 / 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).....	2460.00	6195.00
(ii) Unitemized	1553.00	6866.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4013.00	13061.00
(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)	4013.00	13061.00
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)).....▶	4013.00	13061.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4013.00	13061.00

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	6.00	16.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.00	16.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	19000.00
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)) ..	5506.00	19016.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5506.00	19016.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	4013.00	13061.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4013.00	13061.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.00	16.00
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	16.00

**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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 / 23 / 2020
Transaction ID : SA11AI.31622
 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 / 20 / 2020
Transaction ID : SA11AI.31726
 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 / 17 / 2020
Transaction ID : SA11AI.31727
 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 7 OF 17
(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. 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 ▼ 375.00

Date of Receipt 07 / 23 / 2020
Transaction ID : SA11AI.31620
 Amount of Each Receipt this Period 50.00
 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 ▼ 425.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.31722
 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 ▼ 475.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.31723
 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: (check only one)	PAGE 8 OF 17
<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 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 ▼ 450.00

Date of Receipt 07 / 23 / 2020
Transaction ID : SA11AI.31591
 Amount of Each Receipt this Period 60.00
 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 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 ▼ 510.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.31663
 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 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 ▼ 570.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.31664
 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: (check only one)	PAGE 9 OF 17
<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 ▼ 300.00

Date of Receipt **07 / 23 / 2020**
Transaction ID : SA11AI.31614
 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 ▼ 340.00

Date of Receipt **08 / 20 / 2020**
Transaction ID : SA11AI.31709
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Measley, Paul, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 380.00

Date of Receipt **09 / 17 / 2020**
Transaction ID : SA11AI.31710
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<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. 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 **07 / 23 / 2020**
Transaction ID : SA11AI.31599
 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 **08 / 20 / 2020**
Transaction ID : SA11AI.31679
 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 **09 / 17 / 2020**
Transaction ID : SA11AI.31680
 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: PAGE 11 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nicely, Olza, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Pageland Ln
 City Gainesville State VA Zip Code 20155-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 23 / 2020
Transaction ID : SA11AI.31613
 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 ▼ 1700.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.31707
 Amount of Each Receipt this Period 200.00
 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 ▼ 1900.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.31708
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll deduction \$100.00 biweekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 17
<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 ▼ 375.00

Date of Receipt **07 / 23 / 2020**
Transaction ID : SA11AI.31601
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction \$25.00 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 ▼ 425.00

Date of Receipt **08 / 20 / 2020**
Transaction ID : SA11AI.31683
 Amount of Each Receipt this Period 50.00
 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 ▼ 475.00

Date of Receipt **09 / 17 / 2020**
Transaction ID : SA11AI.31684
 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: (check only one)	PAGE 13 OF 17
	<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
Rinella, Angela, M, ,

Mailing Address 7544 John Hancock Dr

City Winter Garden	State FL	Zip Code 34787
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2020

Transaction ID : SA11AI.31579

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
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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

Transaction ID : SA11AI.31639

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
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 ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2020

Transaction ID : SA11AI.31640

Amount of Each Receipt this Period
40.00

Memo Item
Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. 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) Vice Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 07 / 23 / 2020
Transaction ID : SA11AI.31629
 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) Vice Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2125.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.31738
 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) Vice Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.31739
 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: PAGE 15 OF 17
(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. Silva, Franklin, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 300.00

Date of Receipt 07 / 23 / 2020
Transaction ID : SA11AI.31590
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

B. Silva, Franklin, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 340.00

Date of Receipt 08 / 20 / 2020
Transaction ID : SA11AI.31661
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

C. Silva, Franklin, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 380.00

Date of Receipt 09 / 17 / 2020
Transaction ID : SA11AI.31662
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	2460.00

**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. Andy Barr For Congress

Mailing Address P. O. Box 2059

City
Lexington

State
KY

Zip Code
40588

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Andy Barr For Congress

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.31752

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address P. O. Box 50

City
Ballwin

State
MO

Zip Code
63022

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Ann Wagner For Congress

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.31753

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chris Coons For Delaware

Mailing Address P. O. Box 9900

City
Newark

State
DE

Zip Code
19714

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Chris Coons For Delaware

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.31751

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

[REDACTED] 3500.00

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

[REDACTED]

**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. Richard E Neal For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2020

Mailing Address 415 New Jersey Ave SE#1

FEC Identification Number

C []

Transaction ID : SB23.31633

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Richard E Neal For Congress

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MA 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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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

[] 2000.00

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

[] 5500.00