

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] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] October 15 Quarterly Report (Q3) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) [] 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) (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S)

5. Covering Period 07 01 2016 through 09 30 2016

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

Signature of Treasurer Campbell, Michael, , , [Electronically Filed] Date 10 12 2016

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)

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="2016"/>		75925.52
(b) Cash on Hand at Beginning of Reporting Period.....	75711.52	
(c) Total Receipts (from Line 19)	4574.00	14860.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80285.52	90785.52
7. Total Disbursements (from Line 31).....	13300.00	23800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66985.52	66985.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

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).....	2360.00	5935.00
(ii) Unitemized	2214.00	8925.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4574.00	14860.00
(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)	4574.00	14860.00
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)).....▶	4574.00	14860.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4574.00	14860.00

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.....	13300.00	23800.00
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)) ..	13300.00	23800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13300.00	23800.00

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)	4574.00	14860.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4574.00	14860.00
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 18
<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 / 28 / 2016
Transaction ID : SA11AI.27954
 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 / 25 / 2016
Transaction ID : SA11AI.27955
 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 / 22 / 2016
Transaction ID : SA11AI.27956
 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 7 OF 18
<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 514 Waverly Park Drive
 City Macon State GA Zip Code 31210-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA11AI.27984
 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 514 Waverly Park Drive
 City Macon State GA Zip Code 31210-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 25 / 2016
Transaction ID : SA11AI.27985
 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 514 Waverly Park Drive
 City Macon State GA Zip Code 31210-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA11AI.27986
 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 18
<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. McCutcheon, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19218 Tattershall Drive
 City Germantown State MD Zip Code 20874-6246
 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 ▼ 280.00

Date of Receipt 07 / 14 / 2016
Transaction ID : SA11AI.28129
 Amount of Each Receipt this Period 20.00
 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 9539 E. Surprise Canyon Ct.
 City Tucson State AZ Zip Code 85748-3279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg Liab Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA11AI.28013
 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 9539 E. Surprise Canyon Ct.
 City Tucson State AZ Zip Code 85748-3279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg Liab Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 25 / 2016
Transaction ID : SA11AI.28014
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 18
<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 9539 E. Surprise Canyon Ct.
 City Tucson State AZ Zip Code 85748-3279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEICO Occupation (for Individual) Reg Liab Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA11AI.28015
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 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 ▼ 450.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA11AI.28016
 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 ▼ 510.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA11AI.28017
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$30.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	160.00
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 18
<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. 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 09 / 22 / 2016
Transaction ID : SA11AI.28018
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll deduction \$30.00 biweekly

B. Nestegard, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6260 E Placito Del Nido
 City Tucson State AZ Zip Code 85750
 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 / 28 / 2016
Transaction ID : SA11AI.28025
 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 6260 E Placito Del Nido
 City Tucson State AZ Zip Code 85750
 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 / 25 / 2016
Transaction ID : SA11AI.28026
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll deduction \$15.00 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 11 OF 18
<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 6260 E Placito Del Nido
 City Tucson State AZ Zip Code 85750
 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 / 22 / 2016
Transaction ID : SA11AI.28027
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll deduction \$15.00 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) President-Insurance operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA11AI.28028
 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) President-Insurance operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 25 / 2016
Transaction ID : SA11AI.28029
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll deduction \$100.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	430.00
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 18
<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) President-Insurance operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt **09 / 22 / 2016**
Transaction ID : SA11AI.28030
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll deduction \$100.00 biweekly

B. 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 ▼ 375.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA11AI.28049
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction \$25.00 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 ▼ 425.00

Date of Receipt **08 / 25 / 2016**
Transaction ID : SA11AI.28050
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	300.00
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 18
	<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

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

A. 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
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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	/	22	/	2016

Transaction ID : SA11AI.28051

Amount of Each Receipt this Period
50.00

Memo Item
Payroll deduction \$25.00 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
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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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2016

Transaction ID : SA11AI.28061

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
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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

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

Transaction ID : SA11AI.28062

Amount of Each Receipt this Period
250.00

Memo Item
Payroll deduction \$125.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	550.00
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 18
<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. 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 / 22 / 2016
Transaction ID : SA11AI.28063
 Amount of Each Receipt this Period 250.00
 Memo Item
 Payroll deduction \$125.00 biweekly

B. Silva, Franklin, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15572 Pinehurst Pl
 City San Diego State CA Zip Code 92131-4310
 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 / 28 / 2016
Transaction ID : SA11AI.28080
 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 15572 Pinehurst Pl
 City San Diego State CA Zip Code 92131-4310
 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 / 25 / 2016
Transaction ID : SA11AI.28081
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional).....	330.00
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 18
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Silva, Franklin, Kelly, ,

Mailing Address 15572 Pinehurst Pl

City San Diego	State CA	Zip Code 92131-4310
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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	/	D D	/	Y Y Y Y
09		22		2016

Transaction ID : SA11AI.28082

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	2360.00

**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. Comstock for Congress

Mailing Address P.O. Box 831

City McLean State VA Zip Code 22101

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Comstock for Congress

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB23.28139
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson for Congress

Mailing Address P.O. Box 387

City West Point State GA Zip Code 31833

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Drew Ferguson for Congress

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB23.28147
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dennis Ross

Mailing Address P.O. Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement Campaign Contribution

011
Category/
Type

Candidate Name

Friends of Dennis Ross

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB23.28142
Amount of Each Disbursement this Period
2500.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

011

Category/
Type

Candidate Name

McSally for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

FEC Identification Number

C

Transaction ID : SB23.28143

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete King for Congress Committee

Mailing Address P.O. Box 11783

City
Seaford

State
NY

Zip Code
11783

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Pete King for Congress Committee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	6

FEC Identification Number

C

Transaction ID : SB23.28141

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Van Hollen for Senate

Mailing Address 10605 Concord St.
Suite 202

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Van Hollen for Senate

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

FEC Identification Number

C

Transaction ID : SB23.28144

Amount of Each Disbursement this Period

4800.00

Memo Item

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

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

6	8	0	0	.	0	0
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**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

A. Victory Now PAC

Full Name (Last, First, Middle Initial)

Mailing Address 10605 Concord St.
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement Campaign Contribution

Candidate Name **Victory Now PAC**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 14 / 2016

FEC Identification Number **C**

Transaction ID : **SB23.28145**

Amount of Each Disbursement this Period 1000.00

Memo Item

B. Zeldin For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 47 Flintlock Dr.

City Shirley State NY Zip Code 11967

Purpose of Disbursement Campaign Contribution

Candidate Name **Zeldin For Congress**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement 09 / 23 / 2016

FEC Identification Number **C**

Transaction ID : **SB23.28146**

Amount of Each Disbursement this Period 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	13300.00