

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 14
01/28/2000 09 : 44

1. NAME OF COMMITTEE (in full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE GEICO PLAZA	2. FEC IDENTIFICATION NUMBER C00343749
CITY, STATE, and ZIP CODE WASHINGTON DC 20076	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		0.00
(b) Cash on Hand at Beginning of Reporting Period	1188.50	
(c) Total Receipts (from line 19)	12148.00	14346.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13346.50	14346.50
7. Total Disbursements (from line 30)	8761.48	8761.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4585.02	4585.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer Electronically Filed by Michael Campbell	
Signature of Treasurer	Date 01/28/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 07/01/1999 TO: 12/31/1999	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5161.00	5161.00	11.a.i.
ii. Unitemized	6987.00	9185.50	11.a.ii.
iii. Total	12148.00	14346.50	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	12148.00	14346.50	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	12148.00	14346.50	19.
20. Total Federal Receipts	12148.00	14346.50	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	77.48	77.48	21.b.
c. Total Operating Expenditures	77.48	77.48	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	8250.00	9250.00	23.
24. Independent Expenditures (use Schedule E)	434.00	434.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	8761.48	9761.48	30.
31. Total Federal Disbursements	8761.48	9761.48	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	12148.00	14346.50	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	12148.00	14346.50	34.
35. Total Federal Operating Expenditures	77.48	77.48	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	77.48	77.48	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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				
Full Name, Mailing Address, and ZIP Code David Berry 1605 13th Street Corsville IA 52241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation manager Aggregate Year-to-Date > \$ 80.00	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 8030 Stonehenge Place North Bethesda MD 20852 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation AVP Aggregate Year-to-Date > \$ 80.00	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpaper Street Warrinton VA 22186 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation VP Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code John Geer 2917 Elmridge Court Oakton VA 22124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation AVP Aggregate Year-to-Date > \$ 80.00	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Oza Nicely 805 Nethercliffe Hall Road Great Falls VA 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation President-Insurance operations Aggregate Year-to-Date > \$ 308.00	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 154.00	
Full Name, Mailing Address, and ZIP Code David Pushman 106 Muirfield Road Macon GA 31210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation Regional VP Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 30.00	
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gaithersburg MD 20878 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation VP Aggregate Year-to-Date > \$ 90.00	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 60.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 14
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code William Roberts 6529 79th Place Cabin John MD 20818	Name of Employer GEICO	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067	Name of Employer Plaza Investment Managers	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 100.00
	Occupation President - Capital operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Walter Sparks 18329 River Road Tall Timbers MD 20690	Name of Employer GEICO	Date (month, day, year) 08/04/1998	Amount of Each Receipt this Period 100.00
	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carter Mill Way Brookeville MD 20833	Name of Employer GEICO	Date (month, day, year) 08/04/1999	Amount of Each Receipt this Period 30.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 60.00		
Full Name, Mailing Address, and ZIP Code David Barry 1605 13th Street CoraVille IA 52241	Name of Employer GEICO	Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 40.00
	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 8030 Stonehenge Place North Bethesda MD 20852	Name of Employer GEICO	Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 120.00		
Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpaper Street Warranton VA 22186	Name of Employer GEICO	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 14
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NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE					
Full Name, Mailing Address, and ZIP Code John Geer 2917 Elmridge Court Oakton VA 22124		Name of Employer GEICO		Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation AVP			
		Aggregate Year-to-Date > \$ 120.00			
Full Name, Mailing Address, and ZIP Code Olza Nicely 805 Nethercliffe Hall Road Great Falls VA 22066		Name of Employer GEICO		Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 154.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President-Insurance operations			
		Aggregate Year-to-Date > \$ 462.00			
Full Name, Mailing Address, and ZIP Code David Pushman 106 Muirfield Road Macon GA 31210		Name of Employer GEICO		Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional VP			
		Aggregate Year-to-Date > \$ 90.00			
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gallthersburg MD 20879		Name of Employer GEICO		Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP			
		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code William Roberts 6529 79th Place Cabin John MD 20818		Name of Employer GEICO		Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067		Name of Employer Plaza Investment Managers		Date (month, day, year) 08/10/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President - Capital operations			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Walter Sparks 18329 River Road Tall Timbers MD 20690		Name of Employer GEICO		Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr. VP			
		Aggregate Year-to-Date > \$ 300.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 14
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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carter Mill Way Brookeville MD 20833	Name of Employer GEICO	Date (month, day, year) 08/10/1998	Amount of Each Receipt this Period 30.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code David Berry 1605 13th Street Coralville IA 52241	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 40.00
	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 140.00		
Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 6030 Stonehenge Place North Bethesda MD 20852	Name of Employer GEICO	Date (month, day, year) 09/01/1998	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 160.00		
Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpeper Street Warrenton VA 22186	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code John Geer 2917 Elmridge Court Oakton VA 22124	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 160.00		
Full Name, Mailing Address, and ZIP Code Oza Nicely 805 Nethercliffe Hall Road Great Falls VA 22066	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 154.00
	Occupation President-Insurance operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 616.00		
Full Name, Mailing Address, and ZIP Code David Pushman 106 Muirfield Road Macon GA 31210	Name of Employer GEICO	Date (month, day, year) 09/01/1998	Amount of Each Receipt this Period 30.00
	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 120.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 14
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NAME OF COMMITTEE (In Full)
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gaithersburg MD 20879	Name of Employer GEICO	Date (month, day, year) 09/01/1998	Amount of Each Receipt this Period 60.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.00		
Full Name, Mailing Address, and ZIP Code William Roberts 8529 79th Place Cabin John MD 20816	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067	Name of Employer Plaza Investment Managers	Date (month, day, year) 09/01/1998	Amount of Each Receipt this Period 100.00
	Occupation President - Capital operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Walter Sparks 18329 River Road Tall Timbers MD 20890	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 100.00
	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carier Mill Way Brookeville MD 20833	Name of Employer GEICO	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 30.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 120.00		
Full Name, Mailing Address, and ZIP Code David Berry 1605 13th Street Coralville IA 52241	Name of Employer GEICO	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 60.00
	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 6030 Stonehenge Place North Bethesda MD 20852	Name of Employer GEICO	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 60.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpaper Street Warrenton VA 22186 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation VP Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code John Geer 2917 Elmridge Court Oakton VA 22124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation AVP Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 60.00
Full Name, Mailing Address, and ZIP Code Oza Nicely 805 Nethercliffe Hall Road Great Falls VA 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation President-Insurance operations Aggregate Year-to-Date > \$ 847.00	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 231.00
Full Name, Mailing Address, and ZIP Code David Pushman 108 Mulfield Road Macon GA 31210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation Regional VP Aggregate Year-to-Date > \$ 165.00	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 45.00
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gaithersburg MD 20879 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation VP Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 90.00
Full Name, Mailing Address, and ZIP Code William Roberts 8529 79th Place Cabin John MD 20816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GEICO Occupation VP Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Plaza Investment Managers Occupation President - Capital operations Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 150.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Walter Sparks 18328 River Road Tall Timbers MD 20690	Name of Employer GEICO	Date (month, day, year) 10/13/1998	Amount of Each Receipt this Period 150.00
	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Garler Mill Way Brockville MD 20833	Name of Employer GEICO	Date (month, day, year) 10/13/1999	Amount of Each Receipt this Period 45.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 165.00		
Full Name, Mailing Address, and ZIP Code David Bery 1605 13th Street Coralville IA 52241	Name of Employer GEICO	Date (month, day, year) 11/17/1998	Amount of Each Receipt this Period 40.00
	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 240.00		
Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 8030 Stonehenge Place North Bethesda MD 20852	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 260.00		
Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpeper Street Warrenton VA 22186	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code John Geer 2917 Elmridge Court Oakton VA 22124	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 260.00		
Full Name, Mailing Address, and ZIP Code Otze Nicely 805 Nethercliffe Hall Road Great Falls VA 22066	Name of Employer GEICO	Date (month, day, year) 11/17/1998	Amount of Each Receipt this Period 154.00
	Occupation President-Insurance operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1001.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 14
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code David Pushman 105 Mulfield Road Macon GA 31210	Name of Employer GEICO	Date (month, day, year) 11/17/1998	Amount of Each Receipt this Period 30.00
	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gaithersburg MD 20879	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 60.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 360.00		
Full Name, Mailing Address, and ZIP Code William Roberts 6528 78th Place Cabin John MD 20818	Name of Employer GEICO	Date (month, day, year) 11/17/1998	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067	Name of Employer Plaza Investment Managers	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 100.00
	Occupation President - Capital operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code Walter Sparks 18329 River Road Tall Timbers MD 20690	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 100.00
	Occupation Sr. VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carler Mill Way Brookeville MD 20833	Name of Employer GEICO	Date (month, day, year) 11/17/1999	Amount of Each Receipt this Period 30.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 185.00		
Full Name, Mailing Address, and ZIP Code David Berry 1605 13th Street Coralville IA 52241	Name of Employer GEICO	Date (month, day, year) 12/06/1998	Amount of Each Receipt this Period 40.00
	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 280.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 14
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Peter Chin Aleong 6030 Stonehenge Place North Bethesda MD 20852	Name of Employer GEICO	Date (month, day, year) 12/06/1998	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Charles Davies 157 Culpeper Street Warrenton VA 22166	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code John Geer 2017 Elmridge Court Oakton VA 22124	Name of Employer GEICO	Date (month, day, year) 12/06/1998	Amount of Each Receipt this Period 40.00
	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Olza Nicely 805 Nethercliffe Hall Road Great Falls VA 22066	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 154.00
	Occupation President-Insurance operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1155.00		
Full Name, Mailing Address, and ZIP Code David Pushman 106 Muirfield Road Macon GA 31210	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 30.00
	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Jess Reed 8500 Hawkins Creamery Road Gaithersburg MD 20879	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 60.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 420.00		
Full Name, Mailing Address, and ZIP Code William Roberts 6529 78th Place Cabin John MD 20818	Name of Employer GEICO	Date (month, day, year) 12/06/1998	Amount of Each Receipt this Period 100.00
	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 14
			FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE			
Full Name, Mailing Address, and ZIP Code Louis Simpson P. O. Box 1943 Rancho Santa Fe CA 92067	Name of Employer Plaza Investment Managers	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President - Capital operations		
Aggregate Year-to-Date > \$ 750.00			
Full Name, Mailing Address, and ZIP Code Walter Sparks 16329 River Road Tall Timbers MD 20890	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. VP		
Aggregate Year-to-Date > \$ 750.00			
Full Name, Mailing Address, and ZIP Code Thomas Wells 2013 Carter Mill Way Brookville MD 20833	Name of Employer GEICO	Date (month, day, year) 12/06/1999	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP		
Aggregate Year-to-Date > \$ 225.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			5161.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 14
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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				
Full Name, Mailing Address, and ZIP Code Istook for Congress 1225 19th Street NW, Suite 825 Washington DC 20036	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/02/1998	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Jeffords for Vermont 507 Capitol Court NE, #100 Washington DC 20002	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/04/1998	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code The WISH List 3205 N Street NW Washington DC 20077	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/04/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code NAIPAC 2600 River Road Des Plaines IL 60016-3286	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 09/08/1998	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code NAIPAC 2600 River Road Des Plaines IL 60016-3286	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 10/13/1998	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code George Allen Exploratory Committee PO Box 573 Richmond VA 23216	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/19/1998	Amount of Each Disbursement This Period -500.00	
Full Name, Mailing Address, and ZIP Code Ashcroft for Senate 507 Capitol Court, NE Suite 100 Washington DC 20002	Purpose of Disbursement (Senate - MO -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/17/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Friends of Scott McInnis PO Box 3157 Grand Junction CO 81502	Purpose of Disbursement (House - CO -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/17/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code OXLEY FOR CONGRESS 515 King Street Suite 420 Alexandria VA 22314	Purpose of Disbursement (House - OH - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/17/1998	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			8250.00	

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name, Mailing Address, and Zip Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported/opposed by the expenditure & office sought
ARAMARK Services, Inc. One GEICO Boulevard Fredericksburg VA 22405	George Allen Fundraiser	10/19/1998	434.00	George Allen Exploratory Committee <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

TOTAL Independent Expenditures **434.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Electronically Filed by Michael Campbell

Signature

01/28/2000

Date

Subscribed and sworn to me this _____ day of _____

My Commission expires : _____

NOTARY PUBLIC